H. T. NICHOLS, M.D.

1961

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dedication

Service in a top academic or administrative position at one's Alma Mater is a privilege accorded to very few individuals. To have served in both types of posts is even more rare. However, such is the distinction achieved by Charles Sherwood Cameron, M.D.

It was in November 1956, that Dr. Cameron was named Dean of the Hahnemann Medical College, which just 21 years earlier had conferred on him his Doctorate of Medicine. In 1960, he assumed the presidency of Hahnemann and served as both president and dean until June 1961, when Dr. William F. Kellow was named dean.

A native Philadelphian, Dr. Cameron returned to his Alma Mater after a ten-year stint as Medical and Scientific Director of the American Cancer Society, during which time he also was elected its Vice President. During this time, Dr. Cameron was in large measure responsible for the development and expansion of the Society's medical and scientific program of assistance to doctors in their efforts to combat cancer. He long stressed the leading role which must be played by the family physician in the control of cancer, explaining "it is he (the family physician) who has the opportunity to guide the patient to early diagnosis and prompt, aggressive treatment." Dr. Cameron also established the Society's Clinical Fellowship program, and under his direction, the Statistical Research Section was developed into an important scientific cancer weapon.

Following his graduation from the University of Pennsylvania and the Hahnemann Medical College, Dr. Cameron served his internship and residency at Philadelphia General Hospital. For the next four years he was a Rockefeller Fellow in postgraduate cancer surgery at New York's Memorial Hospital, during which time he came under the influence of many of the nation's outstanding scientists, among them the late Dr. James Ewing, former director of the Memorial Cancer Center.

Dr. Cameron was discharged from the U. S. Navy in 1946 with the rank of Commander in the Navy Medical Corps, following duty in the South Pacific and as Chief of the Tumor Service at Brooklyn Naval Hospital, the Navy's principal cancer treatment center. It was at this point that he joined the American Cancer Society.

The list of his professional societies and associations is seemingly endless. Some examples: Founder-member of the Inter-Society Cytology Council, former president of the Commission on Cancer Control of the International Union Against Cancer, member of the board of directors of the Philadelphia division of the American Cancer Society, former vice president of the Board of Health of the City of Philadelphia, member of the National Board of Medical Examiners, member of the traineeship committee of the National Cancer Institute, founder and later consulting editor of *CA — A BULLETIN OF CANCER PROGRESS*, advisory editor of the journal *GERIATRICS* and of *EXCERPTA MEDICA*.

His book, *THE TRUTH ABOUT CANCER*, since its publication in 1955, has been translated into nine foreign languages and six editions have been printed in foreign countries.

During Dr. Cameron's tenure as Dean of Hahnemann and, later, President of the institution, Hahnemann's first long-range program for renewal of the physical plant, has come into being. By calling on the best planning talent available and keeping such government agencies as the Redevelopment Authority of Philadelphia and the City Planning Commission informed of Hahnemann's long range needs, Dr. Cameron has been able to set in motion the forces which now are bringing to fruition the dream of a "New Hahnemann."

Under his careful tutelage, the principle of having a core of full-time faculty members in the clinical departments has been implemented. The extent of growth in this area can most graphically be shown by statistics revealing that, whereas in 1956, there were no full-time clinical faculty appointments, there are now 43. Each of the clinical departments is headed by a full-time professor and most of the sub-specialty sections are similarly staffed. The validity of this principle has been amply demonstrated in many ways, most obvious of which is the series of Hahnemann symposia which have brought to the college world renown among members of the medical profession.

In another area, that of research, the progress made by Hahnemann under the leadership of Dr. Cameron has been nothing short of remarkable. In 1956, there were some $420,000 in funds furnished by industry and government sources for research purposes. In 1964, some $2,600,000 in funds from government and industry will be expended on nearly 200 different research projects at Hahnemann. It is worthy to note that these figures are not a measure of the total research activity in the institution since there are also underway many starter projects which have not yet progressed sufficiently to warrant outside support.

And what of Dr. Cameron's plans for the Hahnemann of the Future? Some $20,000,000 in new construction is contemplated for the next ten years. The first unit of the "New Hahnemann," the $2.2 million Nurses' Residence and Classroom Building at 15th and Race Streets, already is functioning and work is well underway on the second unit, the Bobst Clinical Research Institute and Surgical Pavilion. Planning for the new Basic Science Building, which will replace the present medical college building (of 1888 vintage) is well along and construction of this building is to begin in 1966. Other contemplated additions to the Hahnemann "campus" include a residence for medical students and house staff, a student-staff union building, heart institute, radiation therapy center, and a new ambulatory service building.

Enlargement of the medical college's basic science facilities will permit increases in size of each undergraduate class by approximately 30 students and doubling or tripling the number of graduate students in the biological sciences. Also envisioned are additional disciplines (e.g., molecular biology, genetics, biometrics) and perhaps additional clinical departments.

There are many more details, but the President's concept of Hahnemann's role of, say 25 years hence, is summed up in his prefatory comments to his recently completed study, HAHNEMANN: THE NEXT TWENTY-FIVE YEARS:

dedication

". . . a complete, first rate, although compact, medical center, embracing the four essentials of such a center: education, service to the sick and injured, research, and community resources for health and welfare."

It is, therefore, with great pride and pleasure, that we, the graduates of 1964, dedicate this book, a remembrance of our medical school years, to Charles Sherwood Cameron, M.D., Hahnemann's "Man with a Vision", who is seeing that vision become a reality.

TO THE MEMBERS OF THE CLASS OF 1964

I wish, first of all, to extend to each af yau my warm cangratulatians an having achieved yaur gaal af many years; and secandly, I want ta salute yau as one af the company af the elect which puts a life af service above the search far gain.

Whether, follawing yaur interneship, you undertake further training for a speciality ar enter general practice, yau may da sa in canfidence that you are well prepared. In fact, the extraardinary pace of medicine's progress in very recent years has made you masters of many problems which were quite unmanageable when I was graduated. Far this happy timing, I envy yau. "WHAT'S PAST IS PROLOGUE" aptly expresses yaur positian in the lang histary of man's struggle with disease, because exhilarating as the advances of modern medical science have been, they are but a breath of the mighty winds af change which yau will be privileged ta experience.

If there were one bit af advice I wauld urge yau ta take and farever heed, it wauld be this: Da nat allow the development of science in the carpus af medicine to subvert by an iota the impartance af yaur persanal cancern for, or involvement with yaur patients. As methads af diagnasing and treating disease became progressively mare accurate — and mare technical — the temptatian ta mechanize yaur problem-salving and ta manipulate sick people by ever mare remote cantral will graw stranger. Da nat give in. The sick man is insecure and disquieted (although he may deny it) and these ills af the spirit are nat treatable by assays nar tracings. By all means, use all of the wizardry which will came to your hand, but not at the expense of a warm, empathetic, sustaining rapport with thase who need to feel these human values. When your heart and your mind are canjained, then you will be a healer in the true meaning of the word.

Ta each af yau I affer my sincere wish for a long life, rich in the satisfactians af your high calling, and of giving yaur nable wark the best in you.

CHARLES S. CAMERON, M.D.

dean WILLIAM F. KELLOW, B.S. M.D.

To the Graduating Seniors:

Four brief years have passed and another group of fine young men and women are leaving Hahnemann after being schooled in the knowledge and discipline of medicine. Perhaps these same four years represent the period of greatest growth in Hahnemann's 117 year history. You have witnessed this progress. You have been a part of it. You have contributed significantly to it.

The 1964 graduating class will be remembered here as the class which rose above obstacles and stood for the highest levels of integrity. You upheld the purposes of an Honor System and you struggled with the technicalities of composing and conducting one. Hopefully, this opportunity which you have created here will remain indefinitely for the benefit of the students who come after you and who have the courage and the mature judgment to use it.

As you prepare to leave I can assure you that the Faculty and Administration shall not be content with the developments of recent years. Together with all other medical schools throughout the country Hahnemann must grow further. We need new buildings and other physical facilities, and in this regard our plans for further growth are well advanced. On the other hand, education is our fundamental purpose, and program planning requires more serious study and thought before our final direction will be set. Such plans cannot be left to the whim of a few nor to the apparent drift of the times, and so we must proceed carefully. Periods of discouragement lie ahead for those who will devote their energy and time to this undertaking but our Faculty has shown that it is prepared to endure these trials. I have no doubt that as the years roll on our educational programs will set a pace for others to match.

What part do you now play in all these matters? You have derived the foundation of your professional life from Hahnemann. As long as the school continues to progress and to achieve further stature among the distinguished institutions for medical learning in the world, the dignity of your degree will be upheld. This is Hahnemann's continuing obligation to you. As the years go by, however, it shall be your responsibility to give Hahnemann your continued interest, your understanding and your support for the high purposes and standards of excellence which are the basis for this stature. No faculty by itself can accomplish the redevelopment which is under way here. As you transfer from the ranks of the trainee to the columns of the practitioner, as you leave behind your days as a student to take up the years of an alumnus, we look to you for encouragement.

My best wishes to each of you, and may God bless you.

William F. Kellow, M.D.

TO THE MEMBERS of the senior class I offer my sincere congratulations. You have completed one of the big steps in your medical education and are now passing from the more formal phase into the less formal but certainly equally important phases of your development.

You will find as you come into contact and subtle competition with graduates from other schools that you have received the finest of medical educations. The difficulties of the training you know, the excellence and versatility of the training you will come to appreciate only with the passage of time.

The new training period upon which you now embark differs from your previous training in one important aspect and this is so important that failure to attend to this aspect can cancel all accomplishments attained so far. The standards of performance to date have been to a great extent external, from now on they must be progressively from within.

During Medical School and before if you failed to accomplish to a degree of perfection considered necessary by the faculty you were so informed promptly and often forcefully. You received grades indicating the degree of excellence and were penalized for poor performance.

During your Internship, Residency and later practice the degree of external evaluation will decrease to the vanishing point. It must be rapidly replaced by internal criticism and evaluation. Your demands upon yourself must become greater than the most intolerant of your teachers. Ten years from now you will be either a fine or a poor physician depending on what you have done during that ten years, not on what you did during medical school and before; You have the basic knowledge and the basic concepts, build on them!

Hugh D. Bennett, M.D.
Associate Dean

PRELUDE

Four years of our allotted lifetime have passed. Measured by the few tangible values that are the only remains of their passing . . . a receding hairline, a new vocabulary, a degree of portliness in our demeanor and appearance, a Doctor's degree, a new way of thinking. Measured by these remains, those four years might have been considered slow and dreary, and well rid of and so become unmourned in their passing. But these things are but the ashes, not the fuel which made the four years' flame burn so brightly and so swiftly.

The happenings — the high spots, the sorrows, the joys — these are the intangibles which made the four years swift in their passing. These, in retrospect, are the things which have made the past four years an unforgettable part of our lives . . .

ANNALS class of 1964

A FRESHMAN MEDICAL STUDENT is probably the most confused ond bewildered "thing" in the world (except for a Sophomore taking a Pharmy exam). Even before he is accepted to medical school, he grows taut and onxious at the thought of the M.C.A.T., the applications, the transcripts of grades, the choice of medical schools that might be naive enough to accept him . . . and finally the interview. This is a diobolicol little session, where with anal sphincter tightly set, the applicant is scrutinized, questioned and digested by members of the admissions committee. This solemn little group, trying to act cordial, but with *"NO"* written on their faces, asks the time honored questions: *"Why do you want to be a doctor?"*, *"Do you like girls?"*, *"What kind of a doctor do you want to be?"*, *"Why did you only get a B plus instead of an A in embryology?"* . . . and so on ad nauseam.

. . . and then the special delivery letter arrived (with 5 cents postage due), congratulating us on our acceptance to medical school and would we please send $100.00 immediately to hold our place. Our classmates shook our hand; Our families thought that we were heroes; Our porents had visions of us taking our place alongside Hippocrates, Semmelweiss ond Osler . . .

. . . in the months preceeding the first day of classes, we masochistically thrived on rumors related to the monstrous tasks that lay aheod: The total dissection of a human body, detailed histologic knowledge of the tissues comprising that body, and a mastery of its physiological and biochemicol ramifications . . . (and of course everyone knew that there were fewer seats in the Sophomore classroom, than in the Freshman classroom) . . .

On September 15, 1960 the 114th academic year of the Hahnemann Medical College began. We arrived early that day and attempted to stand coolly aloof. We wandered somewhat in awe through corridors ringing with the glad helloes of upperclassmen giving vociferous demonstration of their joy in finding one another back. III hyperventilating "little monkeys" with tight stomachs and bounding pulses, eagerly entered classroom "A" for the first time. Dr. Cameron addressed us and impressed us with his silver tongue *". . . The study of medicine is a lifelong pursuit and we, the faculty, are but students at a little higher level of our education . . ."* It was during this orientation that the bubble, which was our fantasmagorical idea of the "noble profession," was gently but irrevocably deflated. He told us what was expected of us and what we in turn were to expect of Hahnemann. Even then, we were not nearly prepared for what was to come . . .

Miss Alice Britt
In the life of o young man the most essential thing for hoppiness is the gift of friendship.—Sir Wm. Osler

ANATOMY fell on us like a limp body and permeated our every waking moment, (and some of our sleeping ones too), as the formaldehyde did our clothes. The apprehension on first entering the anatomy lab and the odd feeling we had on seeing our cadaver for the first time soon faded as we became familiar with the routine of dissection, at first new and exciting, but finally, just *plain hard work*. "Uncle Ray" was a demanding taskmaster and his lieutenants hounded the "little rascals." Wild Bill Callohan with his twin .45 Calibre forceps, Dr. Haun with his precise

nomenclature, Dr. Amenta with his daily joke session, and Dr. Chunn's barehanded dissections will be forever with us. Practical exams were stimulating and we began to feel that anomalies were more frequent than the "normal." And who could live down the ignominy of missing a tagged structure on our own cadaver.

Months passed as we systematically dismembered the cadavers. We had all the advantages that science could offer; red nerves, blue arteries, uninjected veins. Gross lab was always with us; foods had the added seasoning of "cadaver juice." Recognizing our classmates became increasingly easy — all we had to do was get within 3 feet of them. Most of us began to develop better night vision or got no notes at all in many lectures.

. . . thus amidst the rattling bone boxes, endless mnemonics, gory cross-sections, midnight labs and (seemingly) 5 sec. buzzers in practical exams, we laid the foundation upon which we could build our future in medicine.

EMBRYOLOGY developed so rapidly that we were into the blastocoele and out the anal pore before we knew what happened . . . Somite as well forget it!!

HISTOLOGY introduced us to the wonders of the cellular world, with its karyosome, mitochondria, reticular fibers and nissle's bodies. It was the safety valve of the first semester and helped us to preserve what little sanity was left. Our sketching was interrupted occasionally by the sound of a B box crashing to the floor, a smoke in the corridor, or a trip to O.R. "A" or "D" to be greatly impressed by a surgical procedure we could hardly see. Charlie Lipton's glasses were aways so steamed up that he always saw more through the microscope than the rest of us. Dr. Perlmutter, (the histology professors' histology professor and friend to the friendless) won acclaim as the teacher of the year. He had mastered the art of showing us that we could be right and wrong simultaneously (a not too infrequent occurrence in medicine). Dr. Van Dyke's classic descriptions of tissues (e.g., — liver: marshmallows in chicken wire) lent strength to the rumors that he was taking LSD. He was everywhere patiently explaining what "normal" looked like. And surprisingly enough, when we got to Pathology, we knew the difference between liver and spleen . . .

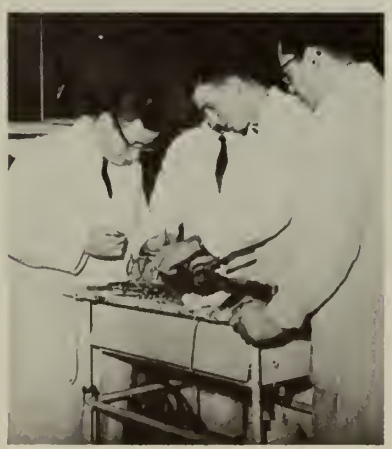
By the way . . . who drew the lines labeling the structures in the examination on the gingiva and teeth? And who said that Hilton's White Line was a chain of segregated hotels?

NEUROANATOMY was brain wracking. If Barnum & Bailey ever chose to add a medical side show to their circus, it would surely include Dr. Truex's lecture on the 5th Cranial Nerve. Spasticity gave way to sheer terror as III "little buggers" sat stunned while the "Mighty Midget" would draw, explain and erase the Lateral Corticospinal tract faster than it took a motor impuse to traverse it. Our Betz cells strained to the utmost, were hydropically degenerated and became overgrown by microglia in the face of the terrifying onslaught. Who will ever forget our field trip to "Uncle Ray's Zoo" (The Mills Building), or Dr. Perlmutter's lecture

"Of course I'm a freshman! Why else would I be confused?"

"Your concoction worked fine Dr. Oesper, but how do we get Lorry Phillips back."

Quality control at Hahnemann



"I think the vagus is over there."

on hemianopsia, or that hemiballism has nothing to do with crytorchidism. We worked our way down from the cortex through the maze of the internal capsule, the substantia nigra, the brachium pontis, until we finally arrived at the nucleus ambiguus — which it all was. Can we ever forget the day of the neuroanatomy final when the mercurial midget distributed what we thought were supplements to the Philadelphia telephone directory and then announced, *"all right you rascals, count 'em and make sure you have seventeen pages."*

A few of us are still waiting for that lecture that was supposed to tie everything together . . . or did we have it???

BIOCHEMISTRY had us going around in cycles. In this course we had a lot of contact with our professors — particularly after exams. The department knew us by code number, except Dr. DeFrates, he knew everyone by their first name the second day after the course storted. We learned the Krebs Cycle forward, backward and sideways and could trace the labeled carbon all the way from pyruvic acid to carbon dioxide. We studied the work of Dr. Alper's two uncles — Embden and Myerhof. Dr. Boyd beguilded us with the intricacies of the Urea Cycle and as a result we knew what happened to the N^{15} in hamburger — as long as it was served without onions. During the spring we had 6 weeks vacation as we worked on individual research projects. The labs were filled with chickens, rats, mice, guinea pigs, rabbits — and even an occasional student. Our first attempt at venipuncture were tried with the production of much mental trauma and hematomas.

PHYSIOLOGY stimulated us at 15 millesecond intervals. It took us 5 weeks to learn the names of the equipment. We killed dogs, decorticated cats, pithed frogs (a few pithed back), fudged kymographs and got to the very heart of the turtle. While Mr. Bechtel was teaching the humanities, Corbett was demonstrating man's inhumanity to man, and proved to Slifkin that the fist is quicker than the nose.

We learned — chronaxie, d'emblee, recruitment, rheobase, threshold, and latent period — and fatigue is what we got out of it. Dr. Scott was all heart. Dr. Reed's lectures gave us nervous exhaustion — so we slept. Then he tried temporal summation (i.e., when successive stimuli which are too boring to evoke a response are applied to an afferent student, they may be made effective by increasing the rate — but don't bet on it). We utterly destroyed Van Slyke's theories and derived III new methods for figuring out a CO_2 — all without a single case of mercury poisoning.

The animals in physio were either very uncooperative or very dumb. They more often than not did the opposite of what the texts described as normal.

Saturday morning was always a dread time. We did not mind the tests as much as we wondered if we would understand the instructions in time to do the test. The technicolor movies ran at half speed with English narrotors were always o big hit.

. . . June orrived and our first year of Medicol school was completed;

we learned that there were only 96 of us remaining from the 111 who started that year. We felt (and probably were) a few years older and were definitely more mature. We thought about summer jobs, research fellowships, much needed vacations, and, most of all, about the Sophomore year described universally as the *"hardest of them all"* . . .

It was September 1961 and we were beginning our Sophomore year. The freshman year was only a vague collection of memories, pleasant and unpleasant. We were a tanned and healthy bunch resembling little the drooping, weary group that had parted company in June. So after a few days reminiscing about the re-exams, vacations and jobs, who was back — and who wasn't, we soon buried ourselves in the task that lay before us.

MICROBIOLOGY introduced us to the "cultural" side of medicine. Here the lecture series and lab program was so well organized and the instructors so friendly that it was frightening. Dr. Bondi, the kindly father-figure, was a true friend. We worked on unknowns, known only to Selma, and answered exam questions, the answers of which were known only to God. As Dr. Gaby put it — *"We ask the same questions each year, it's only the answers that change."* Dr. Moat stimulated us with his "fly" series of lectures (Sand fly, Deer fly, Bar fly, etc.), and baffled us with bacterial genetics. Vicky virus neutralized, agglutinated, and lyophilized us with the wonders of the sub-microscopic world.

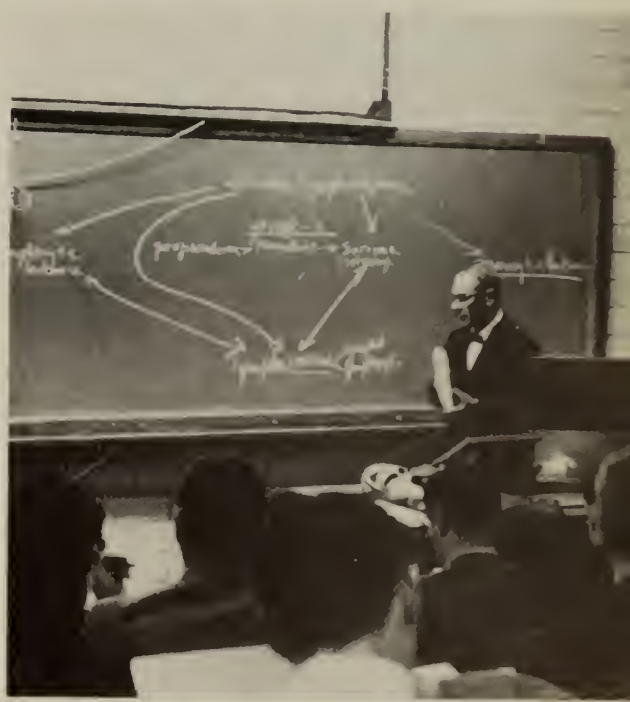
And, in spite of "A", "B", "Both", "Neither", we survived with a deeper appreciation of penicillin, whaht lightnin' and beautiful women.

PATHOLOGY, "The queen of the sciences," was a ruthless tyrant, and Dr. Imbriglia, her able prime minister, saw to it that her every whim was fulfilled. The "queen" was also a sorceress and we soon fell prey to her spell. She mesmerized us with voluminous lecture material, cross-sections, gross specimens, kodachorme slides, and seemingly endless seminars reviewing the literature. The textbooks were so heavy that we all suffered from "Anderson's Syndrome" (scoliosis, monoplegia and claw hand). The mimiographed path notes (inaccurate as they were) proved to be our salvation, as no human hand could possibly record the flood of words that spued forth like water from a bottomless geyser. One syndrome will never be forgotten. It occurred in the class sporadically, always following lectures and consisted of diffuse pain in the gluteal region, claw hand, and various mental aberrations usually accompanied by headache and confusion.

No one will ever forget Dr. Imbriglia's punctuality at lectures, or his "gentle" admonitions for us to do better in the exams (Who said they were threats?), or the first autopsy in the "Green" room, or the great debates (Bendon vs. Kashatus, or for that matter Bendon vs. anybody), or Dr. Rathmell's "mealy pear," or Dr. Meranze's extemporaneous, but accurate lectures on the kidney, or Dr. Koiwai's warm cigar, and cool reserve.

Practicals were always fun — unless you were the last man in line to receive the slides and gross specimens. Then you received beautiful slides of your colleague's fingerprints with or without oil immersion. The heart specimens were great. During one practical a heart started out as

In spite of what you think, a B.S. in Biology is good for something.



a tetrology and thanks to the eagerness of one of our classmates who wanted to measure the degree of pulmonary stenosis with his index finger, everyone after him made the wrong diagnosis — Eisenmenger's complex.

Rosy Maniglia's course in Clinical Path was supposed to be a respite where we could fall back and regroup, and perhaps improve our overall average, but the final exam almost proved to be our undoing — even Page & Culver flunked.

When the course ended we breathed a sigh of relief, and went away with a feeling of pride. Pride at having met a challenge successfully. Pride in our new knowledge of life and the corruption thereof.

Let it be said that course in Pathology was a source of constant stimulation. It was here that the basis of clinical medicine was conceived. *Regina gravida erat. EDC 6/4/64.*

PHARMACOLOGY "Drilled" us in fundamentals of drug actions and uses, and taught us to disdain Brand names in favor of the seldom used, but more precise generic name. This course was a maddening mixture of well organized and detailed lectures, well meaning but seldom successful lab experiments and bizarre exams — the answers to which were democratically arrived at by a vote of the Department faculty.

Most of the drugs we studied had a reverse effect on the closs. The study of digitalis gave us heart failure . . . dextropropoxyphene, a headache . . . the barbiturates kept us awake at night . . . ethanol sobered us . . . and the analgesic symposium was a very painful experience. The British film on "A Career in Pharmacology" and Lipton's dissertation on the clinical effects of thyroid extract proved to be the highlights of the course. We learned to write drug prescriptions and we took a few ourselves. We also learned that a placebo mixed with the power f suggestion can be a mighty potent combination. *"Famacologee"* was an experience never to be forgotten.

During the middle of the sophomore year, and while Pathology and Pharmacology were still upon us, we doffed our long white coats and donned our clinical years. Wearing short white coats and with black bags in hand, we walked around percussing, tables, doors, walls ond anything within reach. PHYSICAL DIAGNOSIS was the course and it seemed as though we had finally arrived. Inspection, palpation, percussion, and auscultation were the order of the day. Dr. Brest's little blue book was a best seller. Hx and Physicals read like War ond Peace.

OB-GYN entailed the first 500 pages of Eastman and the mechanisms of labor practiced on a dummy. PEDIATRICS was read to us by Dr. Lipshutz. PSYCHIATRY taught us to put out the right "signals" — so our gait became a little slower and our bearing more dignified — as o physician's should be. It also put us on the defensive ond the big question was: *"What did he mean by that."* And we finally learned the meaning of the word ONCOLOGY. We were impressed by a series of lectures by eminent physicians in a course called MILITARY MEDICINE. PUBLIC HEALTH was o course in medicol diction and microbiology, which ended, for some, with two re-exams. MEDICAL PHYSICS also

ran. When all this was done the Natianol Boords loomed before us. Some of us had been preporing for weeks, while others decided to "guts" it. A few sought courage from the bottle on the eve of the exams; most of us sought it for the week thereafter. There was a viciaus rumor spreoding around that the AMA in cooperation with Hahnemann's security guords hod successfully prevented the publicatian af a picture showing aur entire class answering the questions with our eyes closed.

Needless to say, most of us made it through the gauntlet — we were halfwoy home. Slowly, poinfully, the reolizatian came ta us — perhaps, somehow, we did learn something in the past 2 years.

September, 1962, we entered our Junior yeor. Starched white coots, with stethoscopes bulging from the pockets, black bogs filled with instruments we barely knew how to use, and that all knowing look thot comes with the knawledge thot *"it's all dawnhill fram naw on"* . . . **thus we began our "Clinical Years".**

"From this point on, gentlemen, you are clinicians. You will be expecteq ta laok and act as physicians at all times. Cansider assigned patients as your awn — a camplete Hx & P.E. including a rectal exam and daily pragress nates are mandatory. If you have any questions, don't hesitate to appraach your resident ar attending staff man. They will caaperate to the fullest. Every attempt will be made ta allaw yau to perfarm as many theropeutic and diagnostic pracedures as possible — with adequate supervisian, of course."

"Any questians?" " - - - - yes?"

1st student: *"Can we write PERLA?"*
"Na, that's nat an acceptable abbreviatian."

2nd student: (whispering to first) *"What's PERLA?"*

3rd student: *"I'm on Ward Medicine — where do I stay at nite?"*
"On the floor."

Having been properly oriented, we proceeded with feigned vigor ta our respective word or "C" service assignments. For mast of us, JUNIOR MEDICINE was an excellent experience, packed with patients and pedagogy. Wha could fail to be impressed by Dr. Moson's soft-spoken suavity; Dr. Fuchs' knawledge of pathophysiology; Dr. McGarry's cordiological skills; and, Dr. Oaks' nuggets and inexhaustability?

If the ward patients seemed samewhat less saphisticated, they were certainly no less of a saurce of pathalagy and humar.

The perennial 3rd year student's grievance concerning the difficulty associated with being the 4th man to do a Hx and PE can best be summed up in the words of Abraham Lincoln Smith, a patient with the unfortunate chief complaint of melena: *"Man, ah dun had fo (4) fingers up ma rectum today an yo ain't about to be the fif — no-o suh!!"*

Classroom "D"

Forty or so Hx's and PE's later, medicine was over — the fog was beginning to lift and we were at that dangerous level of knowing little enough to think we might know it all, and not enough to realize that we didn't. Fortunately, this was a rather short-lived phenomenon.

JUNIOR SURGERY incised and drained whatever stamina and fortitude we had in us. It was an experience in physical diagnosis and theory. We read either Christopher, Allen or Gius from cover to cover, attended innumerable tutorials and lectures covering General Surgery, Orthopedics and Fractures, Neurosurgery, Urology, Thoracic Surgery, ENT, Opthalmology, and Anesthesiology. When it was over we knew a great deal about surgery that we had never seen.

During this course student-attending or student-resident relationships were practically non-existent. Work-ups were assigned daily at 5 P.M. by some phantom resident who scribbled patients' names in a little notebook in the 5th floor classroom. If we went to the O.R. we were ignored and not even permitted to hold retractors — a pastime we would have gladly relinquished in our Senior year.

Clinics were a little more interesting, unless you ran into Dr. Coppola, who always answered everything with a question. In orthopedic clinic we learned that in spite of what anyone says, a vibrating cast saw will cut skin.

On our first day on JUNIOR OB our egos soared to vertiginous heights when we were told by Dr. Stein that ours would be the supreme responsibility of caring for a patient in labor. We performed heroically — conscientiously monitoring B.P.'s, pulses and FHT's q5-10 minutes. However, our egos rapidly deffervesced to subnormal levels when we discovered that in our absence, a student nurse could adequately care for four such patients simultaneously.

Our word was always highly respected, for if we desperately attempted to indicate to the resident that our patient was about to deliver, the patient invariably did — six hours later.

Perennial topics of discussion in the 4th floor locker room were: a) the night rotation schedule, b) the day rotation schedule, c) who's next for a pit drip, d) why do I have to sit with my hand on her belly when she's sleeping and her pains are 27 minutes apart?

Sgt. Brown ran a "pretty tight ship" in Ob Clinic. There we learned special skills such as bimanual palpation of bilaterally enlarged tubes and how to painlessly insert bivalve shoehorns. We also became proficient in testing urines for sugar and protein.

The poetry ond the drama of childbirth can best be summed up in the Dilemmo of the Aspiring Fetus or Hamlet in Utero:
To flex, or not to flex — thot is the question.
Whether 'tis better an R.O.P.
Ta let my head extend and present myself abrow,
Or even turn a foce ond make
The two convexities of spine o good excuse
To give the doctor the chance he needs
Ta prove his diognostic powers,
Or whether in this seo af amniotic fluid
To simply do a version on my own
And as an LSA dilate the os
And just prolapse just on inch or so of cord.
But time grows short —
I feel the pains of labor round me press,
Increosing in their strength and frequency,
The membranes buldge!
Ah, me! My heart is sad,
I'm just an LOP.

JUNIOR PEDIATRICS "rattled" us with heod meosurements, chest meosurements, fontanelle closures, tooth eruptions, doubled birth weights, tripled birth weights, difference between cow's milk and human milk, etc., etc., . . . and so forth.

We were told in no uncertain terms that a pediotric potient is not a little mon or womon. Dr. Boren tought us the proper method of taking o pediotric history, and consequently, long hours were spent interviewing distraught mothers, asking such questions as the type of delivery, whether forceps or spontaneous, number and normality of sibling's — oll because of a gonglion on the wrist.

This wos the year of genetic diseases and sex chromatin aberrations. Mongolism became Dawns Syndrome ond ony physical finding yau could nome could be combined with two others ond called a syndrame.

After six weeks at Hahnemann we were convinced thot congenital heort disease occurs in obout 85% of oll newborns.

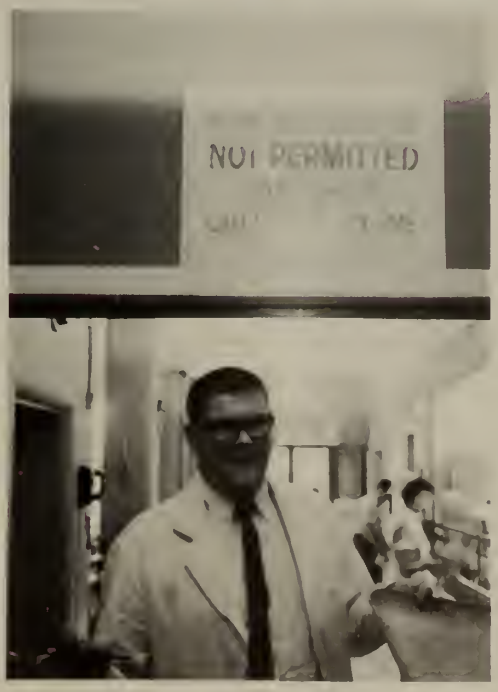
This is the yeor of the meal ticket,
Which come in red, yellow and blue.
Withaut it you stand 'round like a picket,
But with it you always get through.

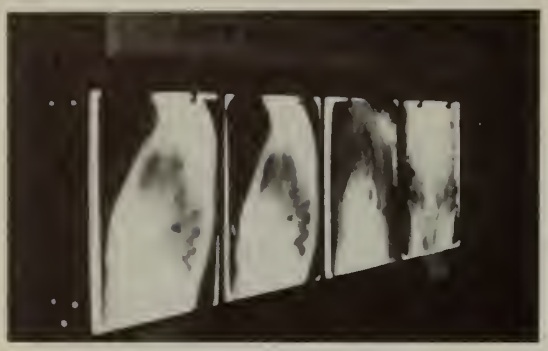
After working oll day and sometimes at night,
Big Mama stonding there sure is o fright.
"No *ticket, no food,*" is the word of the doy,
Then over you must go to Abe's and poy.

Some people don't trust us . . .
We'd toke more than our share.
So in came the tickets
Now everything's foir.

The food is greot
even the puddin'
Oh yeoh, just who
Am I kiddin'?

Big Moma's efficient
Although she ain't kind,
And the grub is sufficient
And it's out on time.





"There's no doubt in my mind — he swallowed a golfball."

September 1963 and we were in the promised land of the Senior Year. The world was our apple. We marveled a bit at the difference . . . that the "moonlighting" experience of junior internships had wrought in the appearance and mannerisms of our fellow classmates. The boys were beginning to look like Doctors. And the talk . . . *"In my clinical experience —"* . . . , and, *"So I told the Chief —"*, . . . and thus . . . all the imperceptible changes which had been going on for three years had crystallized over the junior vacation.

Senior medical affiliations afforded an excellent opportunity to see how medicine is practiced outside the "Ivory Tower". PGH was a zoo of pathology. Harrisburg was a "high pressure" service — up at 10-11 a.m. every day; work up 3 patients in 4 weeks; touch football along the Susquehanna with the student nurses as cheerleaders; Harry's at 10 o'clock every night; occasionally, a trip to Martin's for wining and dancing. After the H'burg affiliation, Veteran's provided a rest. Here were a multitude of palpable livers, esophageal varices, and bleeding ulcers; but with no interns here, it was go man go — pass tubes, drains; spinal taps, liver biopsies — all tax free!

The senior student, veteran of modern mid-wifery, as taught at "The Hahnemann," goes to his affiliation with confidence born of excellent, exhaustive and -ing training. Here, lessons about misplaced placentas, premature separations, and rupture of marginal sinuses assume vital significance in differential dx. Here, also, are lessons in philosophy, sociology, and communication.

Martha Washington Smith, (no relation to A. L. Smith, with melena) age 21, grav. VII, para VI, ab. O, maritus O, I.Q. 64, is placed in his capable hands. From the nurses' station, symbol of his release from Junior vigils, he hears Martha's perineal cry — "O Lawdy." —

"O Lawdy; Jesus save me; O Doctor — you don't know, you just don't know; Jesus save me."

Scream follows scream. *"Bear down like you're going to move your bowels, honey, and I'll — NURSE! Didn't she have an enema?"*

Millimeter by millimeter, hour by hour, finally station by station until — eye glued to the introitus you have the feeling that you're being watched — YOU ARE — another eye.

Lights, carrier, rush instructions — *"Don't strain, don't bear down, don't belch, don't cough, don't breathe — Easy now —."*

Table, stirrups, water, scrub, gown, gloves, drape, cover, basin, stool — stool? Quick, towel, scissors, left mediolateral, haircut — haircut?

Modified Ritgen, aspirator, rotate, slushpop — *"Wraaaa!!"*

Clamp, clamp, cut, blanket, crede', clip, alcohol, binder. Third stage? What's that? — Oh, I see, it's in the bucket there.

Then in scholarly and soothing tones, he purrs, *"But honey, I have to mash down on your belly to get all the clobs out of your virginia."*

Senior surgery is the preceptor year,
Wherever he is, we will be near.
Run, scrub, cut, and more,
To hold retractors is whot we're for.

Some students elected to pass some gas,
And they passed it well, in order to pass.
Some people took "plumbing" on a bet,
And rolled up their trousers, so they
wouldn't get wet.

Neurosurgery was much labor,
But which many students really did savor.
Sowing ond casting enticed a few,
Although it's a field that is not new.

Soon a final we all did have,
Which we took in the pharmacology lab.
Is that regression? Oh yes, you say.
But then, that's how we seniors pass our day.

PEDS Clinic is great, both AM and PM
All the little children with their mild exanthems.
And ringworm and hookworm and chickenpops too,
And if you don't watch out, they'll give them to you.

The kiddies are fine, the teaching is great!
But please, watch out if the kiddie just ate.
Many shots in the arm for one little sneeze
"Cause a mean ole' allergy may cause a wheeze.

Boby shots, baby shots, upper and lower,
From booth to booth — always another.
Formulas, formulos, cut out the cream!
It's endless but fun, see what I mean?

It lasts only three weeks, and oh! what a shome,
As the staffmen hardly even know our names.
It's to another clinic with a great big smile
For we'll soon be M.D.'s in just a little while.

On our departure, we the Class of 1964, wish to express our gratitude and heartfelt appreciotion to the Faculty of Hahnemann Medical College. Although, in our collow immaturity, we have disagreed with you and even maligned you, deep down in our hearts we respect you. *"We think our fathers fools so wise we grow, our wiser sons no doubt will think us so."* For we are nothing save for you. As physicians we are but a conglomeration of your knowledge and experience, and as we depart eoch of us takes something of you with us. *"I am part of all that I have met,"* said Tennyson in Ulysesses. In this respect a teacher is immortal. Since you have given us the benefit of your knowledge and experience, as your teachers' did before you, . . . these things will live in us to be possed on in turn.

The rewards of a teacher are few, and perhaps the greatest is a student's appreciation. This we freely give to you.

HISTOLOGY
SURGERY

To cover the vast field of medicine in four years is an impossible task . . .

The training of the medical school
gives a man his direction, points him
the way, and furnishes him with a
chart fairly incomplete for the voyage,
but nothing more.

SIR WILLIAM OSLER

COURSES

anatomy

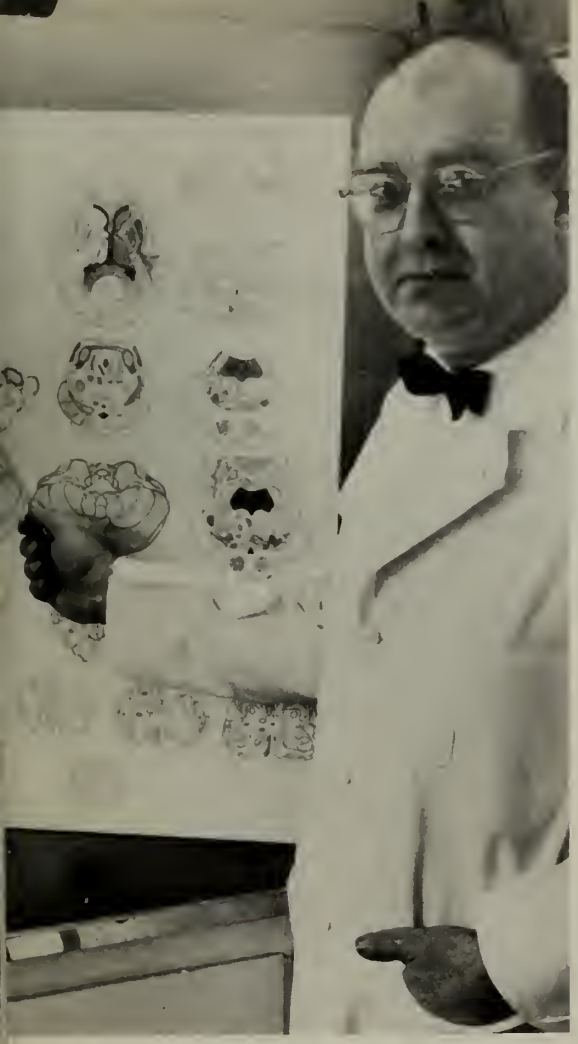
The unique features of living organisms reside in the organization of protoplasm into functional systems ranging from subcellular patterns in spatial arrangements of protein molecules within the cytoplasm, nuclei and membranes of cells, to the intricate interactions of the body's control mechanisms in the higher centers of the central nervous system. Anatomy is that discipline of human biology which studies and describes this structural organization of the body. Anatomists have explored and defined the parts of the body, the architecture of cells and tissues, and the embryological processes leading to the formation of the adult organism. In recent years, emphasis has shifted from definition and description of structural details to specific studies of protoplasmic organization, in particular to elucidation of the functional cytoarchitecture of cells and the properties and arrangements of the components of the nervous system.

BERWIND N. KAUFMAN, M.D.
Professar and Chairman

Sub-divisions of anatomy have a historical origin but primarily reflect different technical approaches. The anatomy of organs and systems is studied through gross dissection. The organization and specialization of cells into tissues is studied through low powered light microscopy and special staining and chemical procedures. Subcellular structures are examined using high powered light microscopy, electron microscopy, and biochemical, bio-physical, and immunological analysis of cellular components.

The Anatomy Department provides formal instruction for all medical students in the anatomy and dissection of the body (Gross Anatomy), the arrangements, specializations, and origins of cells (Histology and Embryology), the organization of the nervous system (Neuroanatomy), the organization and transmission of cell regulatory systems (Medical Genetics and Cell Biology). Elective courses and research opportunities are available in each of the above areas for interested medical students. Opportunities for graduate study and research in all of the above areas and in clinical genetics are as well offered by the Department of Anatomy.

BERWIND N. KAUFMAN, M.D.
Professor and Chairman



H. I. PERLMUTTER, PH.D.

P. S. AMENTA, PH.D.

"Now to test this ot the next full moon."

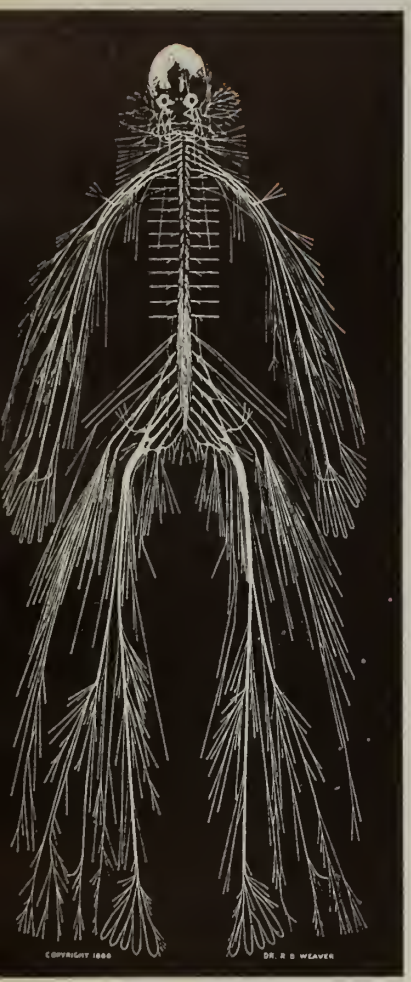
W. CALLAHAN, PH.D.

"Never heord of the 'Wump Syndrome'!"

R. C. TRUEX, PH.D.

"In the remoining 15 minutes we'll tie the course together."

anatomy



J. H. VAN DYKE, PH.D.
"Since we hove 2 minutes left, we'll cover the embryology."

C. HAUN, PH.D.
"Nobody likes o smort-ass, son!!"

H. FEDINEC, PH.D.
"Weins ore wessels vitch have walves."

"Whartin's Duct said WHAT!!"

L. CHUNN, M.D.
"Remember it this way. The lingual nerve threw a curve . . ."

"Tell us that mnemanic about the lingual nerve again, Dr. Crause."

"Isn't it a riot, Kathy?"

physiology

JOHN C. SCOTT, PH.D.
Professor and Chairman

THE TEACHING OF PHYSIOLOGY

The great English physiologist, E. H. Starling, has been credited with the saying that, "the physiology of today is the medicine of tomorrow." So rapid is the advance of knowledge today that we might paraphrase the above statement by saying that the physiology of today is the medicine of today. Indeed advances in either field are frequently interdependent. From the teaching viewpoint a close relationship exists with Biochemistry in particular but also with Anatomy and Pharmacology. The boundary lines of each discipline are difficult to establish and may be determined arbitrarily to meet the requirements and special interests of each department or school.

The physiology department in this institution is organized along lines found in the majority of medical schools in the United States.

The principle teaching objectives of this department are:

1. *Presentation of essential basic facts.*
2. *Presentation of basic principles which "explain" functional relationships.*
3. *Introduction of modern methods for acquiring physiological knowledge.*
4. *Development of critical thinking habits.*

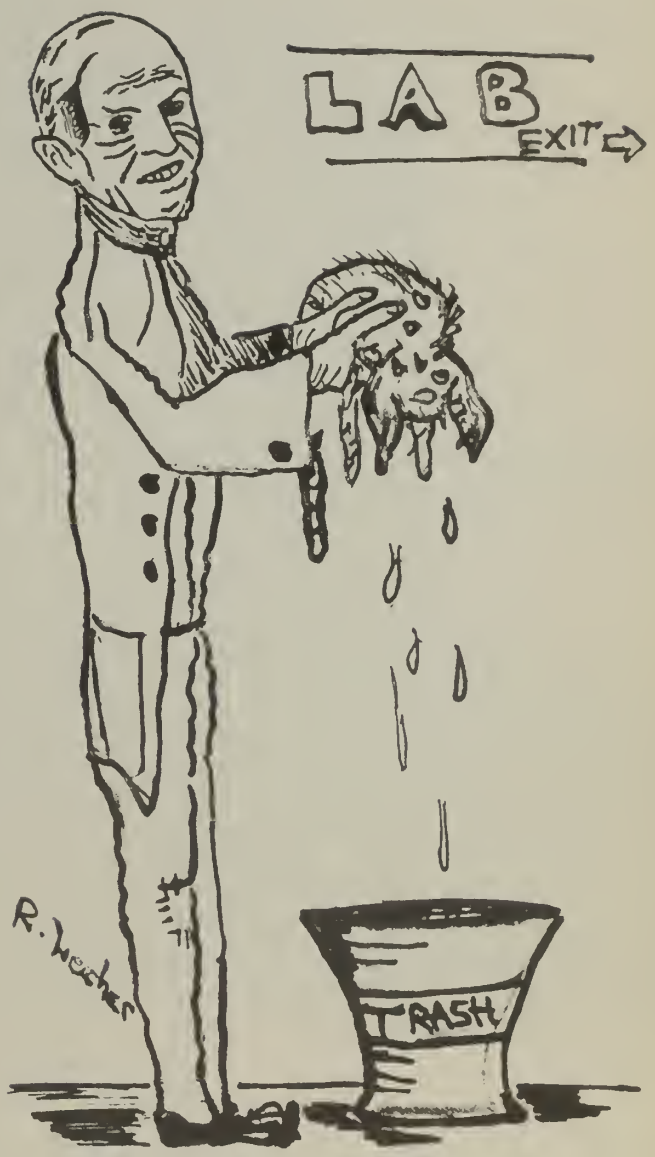
The objectives as listed above are not independent in actual teaching practice nor are they necessarily stated in the relative order of importance.

Basic and essential facts must be kept to a minimum otherwise the students' energies are wasted in the accumulation of knowledge, which has little meaning to him and which is soon forgotten after examinations are over. Fundamental principles tie the basic facts together and make meaningful an otherwise unintelligible mass of information. A grasp of principles and an understanding of relationships is a great source of intellectual satisfaction and is an effective stimulus to further effort on the part of the student.

Most of us are over impressed by the printed word. If it is in a book it must be correct. The course in physiology if given in the first year provides a splendid opportunity to develop the habit of critical evaluation of current knowledge. Laboratory experiments demonstrate the difficulties in reproducing physiological responses to controlled stimuli. The habit of following the progress of some subject, of special interest to the student, in the current periodicals, soon demonstrates the limitations or arbitrariness of the text book presentation. The attempt to evaluate conflicting evidence is the very basis of scientific thinking and critical judgment. The development of this trait marks the intellectual growth of the student throughout the four years of medical training.

What are the best methods for obtaining these objectives? In the past decade much research in medical school teaching methods has been undertaken. Opinions concerning methodology still differ widely. Given adequate equipment, a well informed and enthusiastic instructor will stimulate the student's interest in the subject regardless of the methodology he employs. Once this has been achieved the course work becomes an experience of mutual satisfaction to the student and the instructor.

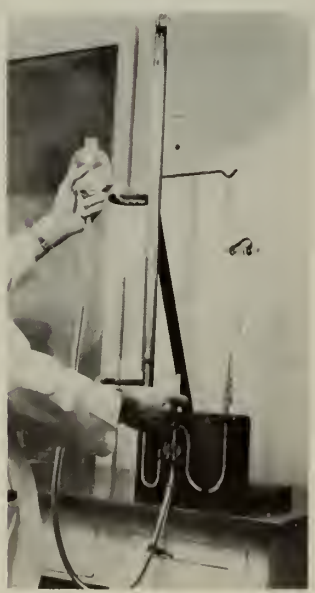
JOHN C. SCOTT, Ph.D.
Professor and Chairman



"WE WOULD HAVE OBSERVED THE CHANGES IN ACTION POTENTIALS AND REPOLARIZATION OF THE MYONEURAL JUNCTIONS IN RESPONCE TO A NOXIOUS STIMULUS ..... BUT THE DOG DIED!"

physiology

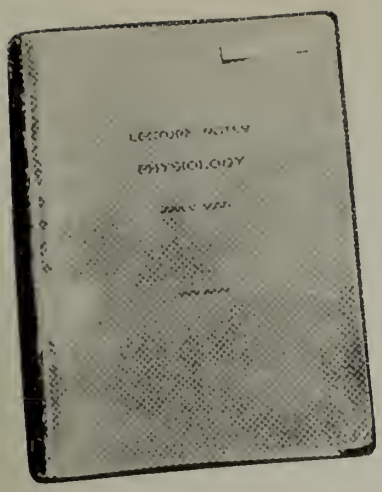
"a - a - a - CHOO"



New Wiskey Saur Recipe.

"Bay! That Spanish Fly REALLY warks!!"

TV far narrow-minded peaple.



THE RED BIBLE

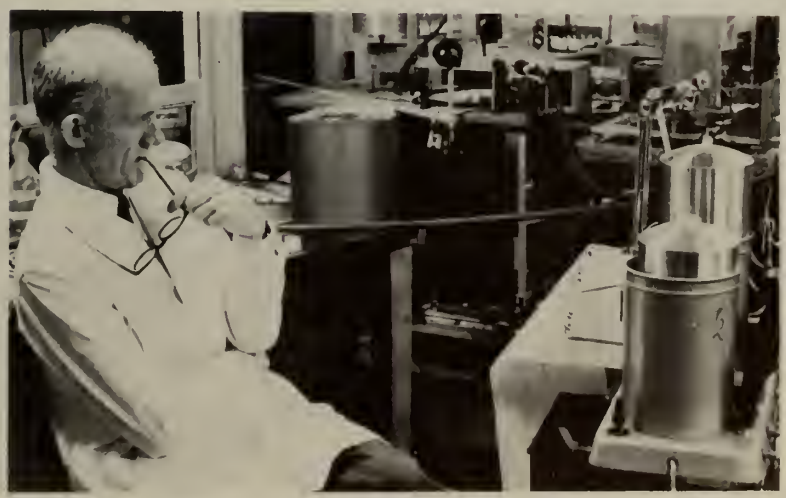
"Heh, heh, Dr. Scott wan't knaw that I've hidden the candid camera up here."

E. A. REED, PH.D.

J. J. SPITZER, M.D.

Dr. Reed really gives an earth shattering lecture!

H. E. APPERT, PH.D.
"I've been infusing this dag for 72 straight haurs."



A. A. BECHTEL, A.B.
"We ought ta get 2 gallons of haach aut af this batch."

biochemistry

The SCOPE OF BIOCHEMISTRY in medical schools has increased greatly in the last decade. Modern biology extended its analysis of life processes into molecular dimensions. It is now recognized that the border lines that formerly marked classical disciplines of morphology, physiology and biochemistry are disappearing. The electron microscope has made visible large molecules and so morphology is becoming the chemistry of structural elements; physiology is turning to the study of structural elements; and molecular biology, a new field, has its origin, to a great extent, in chemistry.

The modern curriculum today demands that biochemists present to the student body new concepts and factual knowledge which arise from research laboratories throughout the world. To meet this challenge each year, the staff should carefully evaluate the lecture material, using the most advanced textbooks, suggesting monographs on special topics and supplementing lectures with recent discoveries that appear in the current scientific journals. Laboratory instruction in the modern curriculum of biochemistry has become more sophisticated and expensive.

M. JOHN BOYD, PH.D.
Professor and Chairman

The use of radio-active tracers for studying intermediary metabolism; electrophoretic equipment for blood proteins and gas chromatography for blood lipids, are representative of some of the new tools that have been added to the laboratory in order to facilitate understanding of biochemical principles.

The young physician of today should possess some knowledge of "enzymology" and "biochemical genetics". Probably the majority of diseases are enzymatic in origin caused by a defect in the enzyme itself or its genetic absence. In addition, knowledge of intermediary metabolism, a thorough understanding of fluid and electrolyte balance, and nutrition, are essential. Recent advances in biochemistry indicate that the concept of disease and treatment may be changed considerably within the next decade. Quoting Harrison (Prin. Int. Med.) "the theory of today, when sound, becomes the practice of tomorrow".

M. JOHN BOYD, Ph.D.
Professor and Chairman

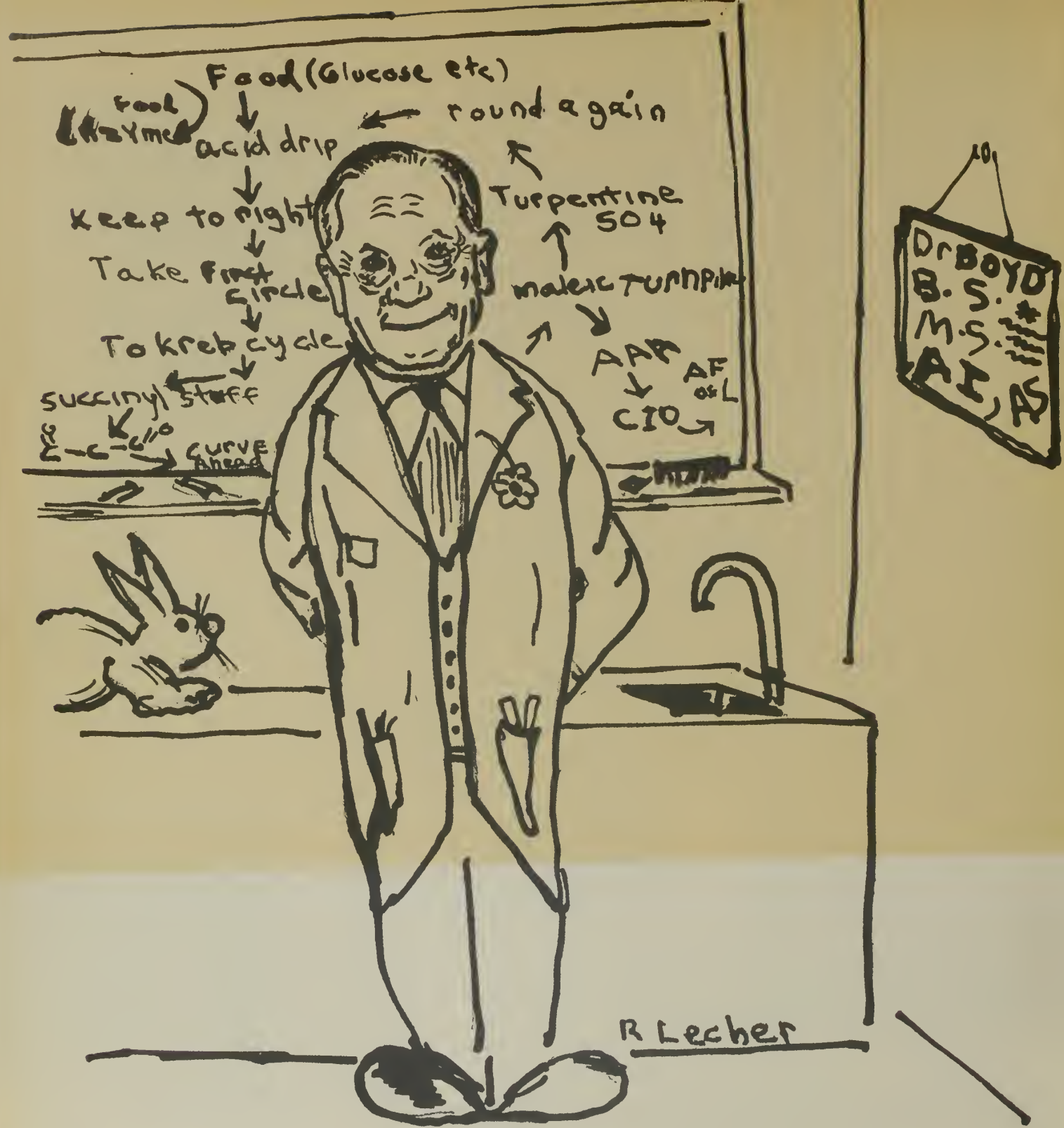
J. DEFRATES, PH.D.
"Cheers!"

"... and that's the Kreb Cycle."

J. ALEXANDER, PH.D.
"Get your grubby fingers outta there!"

DRS. C. ALPER & P. OESPER
"I don't like to complain Pete, but this coffee is lousy."

"Hey! Sove me some."



"Now lets have one more chorus of my new jingle, 'round round round, the kreb cycle through, make The Food do more for you... tra la la.....!"

The primary design of the Sophomore experience in Pathology is to initiate the student in the study of disease processes. Pathology serves as a link between the basic or pre-clinical subjects and those in clinical medicine. The study of Pathology provides a relatively easy and logical means of relating knowledge of normal structure and function he is about to encounter in patient material. Without a clear understanding of the etiology, pathogenesis, anatomic pathology and patho-physiology of disease, clinical medicine would mean little more to the student than a memorization of clinical syndromes and empirical treatments applied to them. Another purpose of teaching Pathology is recognition of the paramount importance of tissue and organ reserve, and of the interdependence of organ systems.

J. E. IMBRIGLIA, M.D., D.SC. (MED.).
Professor and Chairman

pathology

"I don't know Stan, I think you hove to put a slide under it."

pathology

E. KOIWAI, M.D., J. DOLPHIN, M.D., M. TELLEM, M.D. There'll be some misdiagnoses today.

The student is encouraged to develop habits of thinking which will enable him to recognize the disturbances caused by disease as relative phenomena dependent upon functional compensation and decompensation.

The specific objectives of the teaching program in Pathology are as follows:

(a) To enable the student to grasp the origin, course, sequences and results of disease states as indicated by the morphological and functional disturbances which arise.

(b) To provide opportunities for the student to apply basic knowledge that he has gained to clinical problems, and thus prepare him for the practice of medicine.

(c) To acquaint the student with the capacity of living tissues to react morphologically and functionally to unfavorable environmental internal and external circumstances.

(d) Directly and indirectly, to strengthen the ability of the student to observe and reason, to arouse a desire to read extensively and critically, to think in precise terms, and to strive for objective evidence for such conclusions as may be reached, to increase scientific and medical vocabulary, and to understand judiciously laboratory data in evaluating case problems.

(e) To further the interests of certain students in an investigative approach to medical studies, and to arouse in some, an interest in the specialty of Pathology.

JOSEPH E. IMBRIGLIA, M.D., D.Sc.
Professor and Chairman

"Zollinger — Ellison Syndrome is hyperocidity . . ."

"What ta da far acid indigestion?"
Millions of people use 'Ralaids'."

R. MANIGLIA, M.D.

". . . Bread it and let boke in the oven for 2 hours . . ."

"Do you think we should tell Jim about 'Mum'???"

". . . then you make a left on Roosevelt Boulevord . . ."

"I wonder if he took notes todoy?"

"Now, let's see. Bocker — 2 bucks favoring Koiwai over Koshatus . . ."

"Why did they lock you out, Noncy?"

Path exam tomorrow at 9.

"Yes son, there is such a thing as a meoly pear."

T. RATHMELL, M.D.

J. R. DIPALMA, M.D.
Professar and Chairman

THE PLACE OF PHARMACOLOGY IN THE EDUCATION OF THE PHYSICIAN

During the past decade, ta mentian but a few af the tremendaus advances in pharmacalagy, there has emerged useful chemical therapies far mental disease, diabetes mellitus and arterial hypertensian. The background infarmatian far the rapid develapment and explaitatian af new drugs has so advanced that it is becaming literally true that a specific therapy can be devised far practically every human ailment. This explasian af infarmatian has changed the character and scape af instructian in pharmacalagy.

The time devated ta the custamary saphamare course remains fixed. Ta accammadate the mare recent appraaches, it has been necessary ta eliminate much af the instructianal material ance thaught ta be essential.

"Dr. Calesnik said if I took the drug I'd feel as happy as a Jaybird."

pharmacology

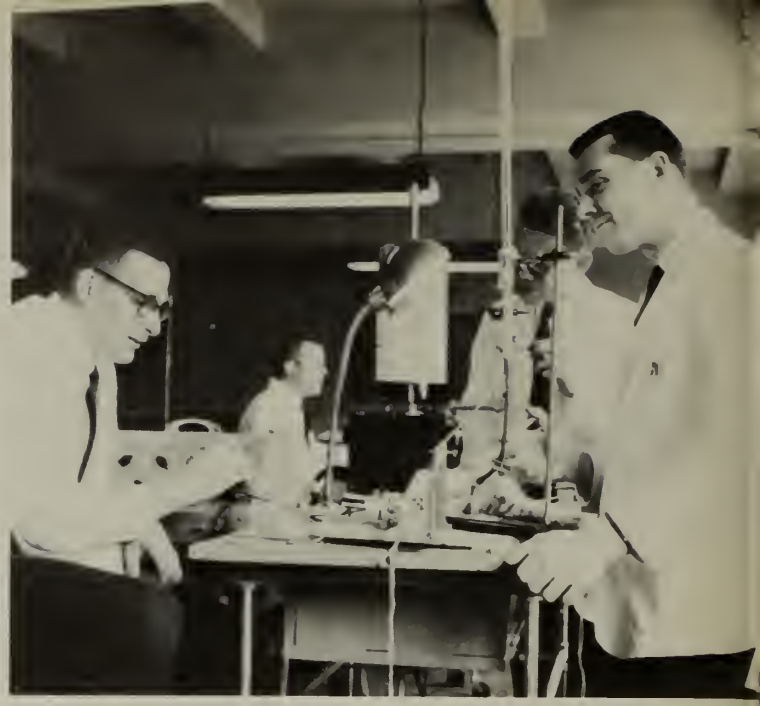
pharmacology

This process is likely to go on rather than subside. The main sections which are now relegated to a minor position are those which deal with the actual use of drugs. Thus dosage, preparations, indications, contra-indications and therapeutic uses are very briefly discussed. Meanwhile, the theories of drug action, chemistry, and the metabolism of drugs has assumed greater importance. There is an increasing tendency to group drugs in classes rather than to attempt to dissect the proported advantages of the many relatives among a class of compounds.

In short, the present sophomore course in pharmacology attempts to establish a scientific basis for drug action correlated with the student's knowledge of biochemistry and physiology. It can no longer hope, as it did in the past, to lead the student to a rational basis for therapeutics. There is simply not enough time. Fortunately, the introduction in recent years of courses in Clinical Pharmacology has in part, remedied this deficit. It is apparent, that no physician can use new drugs wisely, without sound information on how and why they were developed, what the supposed mechanism of action might be, how these drugs affect the metabolism of the patient and what the long term effects might be. It is on the basis of this type of knowledge, presented in detail to the sophomore student as a foundation, that clinical drug acumen can be acquired in the subsequent years of the young physician's education.

JOSEPH R. DiPALMA, M.D.
Professor and Chairman

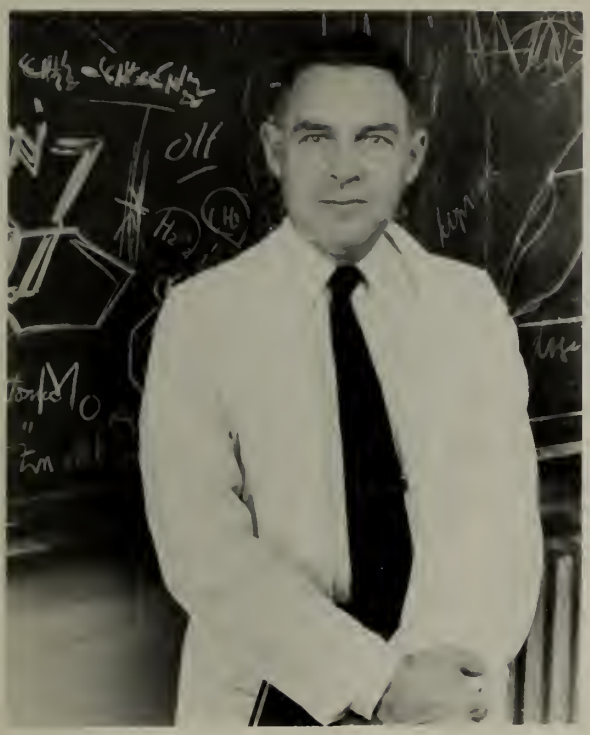
"When Joe gets here we'll vote on it."



"Look busy, there's Dippy."

"Now Larry, when the fecal odor disappears raise yaur hand."

"Youse guys tink dey only give korate chops in patology."



A. GERO, PH.D.
"I will begin the lecture in 20 seconds. In the meantime you can jot dawn the notes I have on the baard."

J. CHRISTENSEN, M.D.
". . . Und he vent into cardiac stillstond . . ."

". . . in my series there's a corrollary between what you see here and student nurses."

M. A. SPIRITES, M.D.
"As one af the notion's foremost outhorities on smoking ond lung concer . . ."

A. BONDI, PH.D.
Professar and Chairman

THE CHALLENGE OF MODERN MICROBIOLOGY

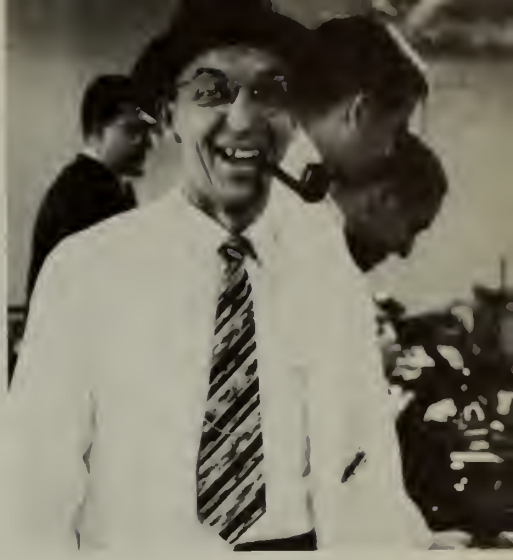
With the scope and content of the science of microbiology changing so rapidly today, the medical microbiologist must be prepared to meet the challenge. Some of the change has come as a result of the development of highly effective agents for prevention and specific treatment of infectious disease which confronts the physician daily but which is no longer the acute problem of the past. Much of this change would have come about anyways under the influence of the revolution which is going on in molecular biology today, a revolution in which the microbiologist has made major contributions to our understanding of the "life" processes.

microbiology

Naturally this change has had its effect on a course in microbiology in the medical curriculum. Rapidly disappearing from the microbiology laboratory bench are the tubes of culture media plugged with cotton. These have been replaced by cultures of various mammalian cell lines and by the intact animal as emphasis has changed from the infectious agent alone to the interaction of the host and parasite. The newer concepts of immunology are helping to explain mechanisms of disease which previously were without etiology. Sequelae of many well recognized diseases have been shown to be mediated by immunological mechanisms. The answer to the problem of homograft rejection, the major challenge of biology and medicine today, awaits the outcome of studies by the immunologist. The ease with which the microbiologist can transfer genetic material from one species of microorganism to another in the laboratory by a number of different procedures is breathtaking. These studies in microbial genetics are but a harbinger of many advances to come in the field of human genetics. The impact created by the evidence that viruses are causally related to several animal tumors has just been felt. Evidence for a role of viruses in cancer is accumulating.

As the teacher of medical microbiology meets the challenge of such change, he obviously cannot afford to lose sight of the needs of the practicing physician he is training. This obvious dichotomy only contributes to the challenge. The good teacher must prepare his students not only for the practice of medicine for the days ahead, but also for the years ahead if we expect the physician of the future to think in biological terms and not as a tradesman.

AMEDEO BONDI, Ph.D.
Professor and Chairman



W. GABY, PH.D.
"Yo fellers oughta be grateful to Selma fer gettin' GC over the weekend."

"Don't look at *ME!* Selma's the one that got the GC."

"I stamped out Brucellosis single handed."

"PENICILLIN!? But I wosn't even out with Selma!!"

R. CROWELL, PH.D.

"I have a $200,000 grant from Moxwell House."

PROFESSIONAL SECURITY IN OUR TIME AND WHAT IT MEANS

The major endeavor of the Department of Medicine is to nurture the curiosity and enhance the motivation of the student to become a scientific healer. We ask that our graduates be capable of tending the physical pain as well as the mental anguish associated with disease. The science of medicine requires not only an understanding of the mechanism of disease but also the ability to treat the patient. Today's graduate emerges into a different world than did his grandfather, who was a therapeutic nihilist, trained almost entirely in the art of diagnosis. Therapy was non-specific for the most part and potent and specific therapeutic agents were rare indeed. Emphasis was placed upon psychological support to the patient and bedside manner was a primary consideration in the medical training program. Although the analytic approach to diagnosis and the importance of

J. H. MOYER, M.D.
Professor and Chairman

medicine

doctor-potient relotionship connot be denied, this olone is no longer enough. As more effective theropeutic ogents become ovoiloble, increosing emphosis must be ploced on clinicol phormocology ond the dynomics of drug octions ond interoctions in mon. Armed with this informotion, the physicion connot stop ot the self-sotisfying stoge of hoving completed o mentol gymnostic in arriving ot o diognosis; he then must meet on even greoter chollenge, i.e., the proper use of drugs to treot the illness, since in finol onolysis, the potient is interested in relief from his symptoms, not the nome of the diseose.

In their pursuit of scientific excellence, the medicol student ond his teocher should not forget thot clinicol medicine is fundomentolly o sociol science ond thot interpersonol relotions often determine the effectiveness of medicol core. In this world of increosing emphosis on technology ond moteriol ocquisition, love of monkind is often forgotten — yes, even common courtesies. This is true porticulorly of orgonized medicine ot the institutionol os well os ot the internotionol, stote ond county levels. Too frequently the common good is subjugoted to vested interest. The Tenth Commondment moy not seem relevont, but IF WE COULD ALWAYS FOLLOW THE GOLDEN RULE TEACHINGS OF THE GREATEST HEALER OF ALL, then the solutions to mony of the problems in orgonized medicine would be forthcoming. At the personol level, this might be soid onother woy — everydoy oction born of selfishness ond insecurity is the surest poth to disoster for the young physicion. In controst, whot better guorontee of security is there thon thot stote of mind which tronscends personol goin in the hurly burly of everydoy experience. Only those who know this type of tronquility con oppreciote fully the security thot it represents.

JOHN H. MOYER, M.D.
Professor ond Choirmon

D. BERKOWITZ, M.D.
"Now when the students get here this is the way I want you to breath."

"I told you not to give him thiomerin and Diuril at the same time!!!"

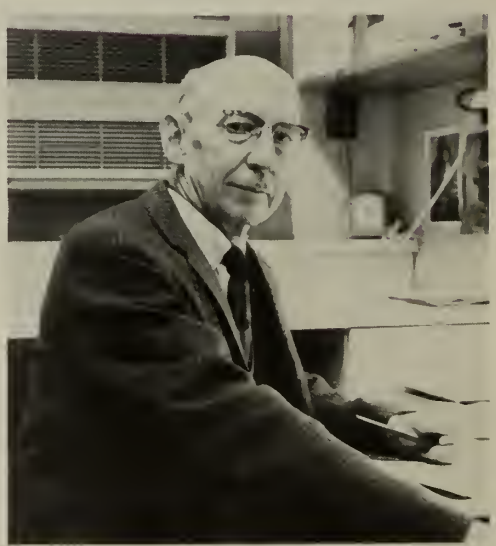
medicine

"Think the lecture's over by now???"

C. THOMPSON, M.D.
"I could have sworn they said the lecture started at 2 A.M."

They're not as Ivy as they used to be at Penn.

Public health lecture.



H. REIMANN, M.D.
"I don't remember seeing you at the last Public Health lecture."

A. BREST, M.D.

"In this cabinet there's enough material for six symposia."

W. W. OAKS, M.D.

"Four weeks in Harrisburg aren't that bad fellas."

C. HEIDER, M.D. "Boy! What a Playmate!!"

W. LIKOFF, M.D.

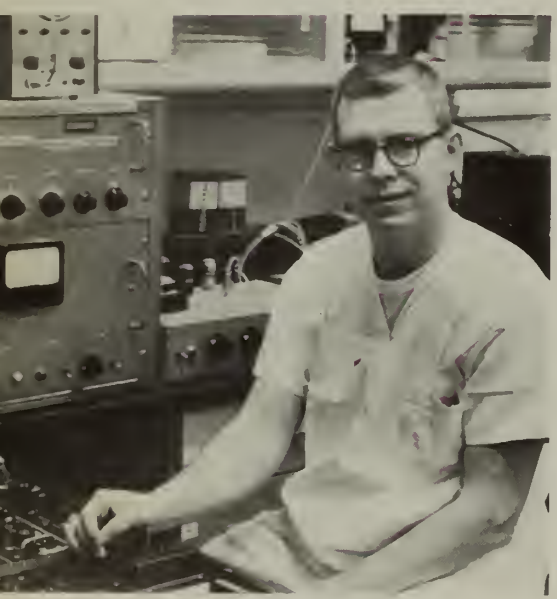
R. SELLER, M.D.
"Woit'll you see this yeor's disoster day."

T. McGARRY, M.D.
"I'm the fastest draw east of the Mississippi."

medicine

M. HAND, M.D.
"Did your mother ever tell you that you're a brat?"

G. BENDERSKY, M.D.
"... and in the fourth at Garden State ..."



L. C. MILLS, M.D.
"Come in Honolulu, come in ..."

L. DREIFUS, M.D.
"Yes I use Shinola — how could you tell??"

"Can I show you something in black patent leather?"

"When it gets this high you'll be able to feel it kick."

L. CANDER, M.D.
"Your number please?"

There wos o young mon from Austrolio.
Who painted his rear like a dahlio.
The drowing wos fine,
The color divine,
The scent — ah, thot wos a foilure.

"Smile! You're on condid comera."

E. POLISH, M.D.
"Now we gotto figure out how to get thot scope outto there."

L. NICHOLAS, M.D.
"No, Doctor! It's PSOR. . .
The P is silent os in swimming."

There wos a young mon from Bombay
Who thought syphilis hod all gone owoy
But now he has Tobes
And saber shinned bobies
And thinks he is Queen of the Moy.

H. D. BENNETT, M.D.
"She missed onother period."

S. BENDER, M.D.
Dow Jones — roils down 3 . . .

R. FLEISHMAJER, M.D.

"Dan, I'm Surprised You Made The Diagnosis Of "Lupus" On This Old Lady Simply Because Of The Rash.., Since The 'Butterfly' On Her Face is A Tattoo !"

pediatrics

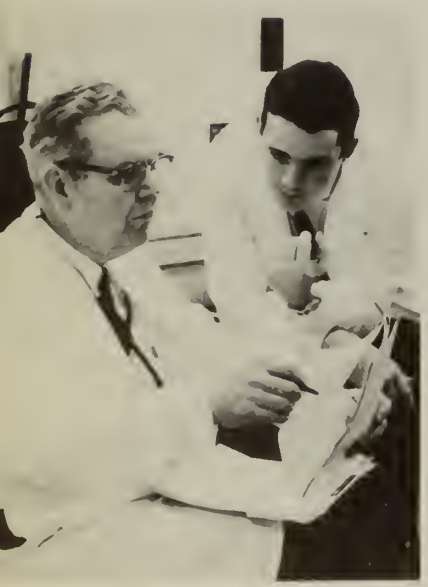
The chief aim and objective of the Department of Pediatrics is to acquaint the students at Hahnemann with the scope of the specialty as it is presently recognized and to provide them with the tools necessary to put this knowledge into practice. The very nature of Pediatrics as a specialty, dealing as it does with the study of human growth and development and all of the factors which enter into it, differentiates it, we believe, from the other specialties of medicine which are primarily concerned with an organ system or a specific method of therapeutic approach.

It is in no sense our aim to make pediatricians of all of our students but rather to so acquaint them with the field that those who show a special interest in Pediatrics may continue their training after graduation.

C. C. FISCHER, M.D.
Professor and Chairman

pediatrics

M. BAREN, M.D.



W. GREGG, M.D.
"You forgot to order the honey and lemon."

At this stage of their training it is, however, essential that they learn the fundamentals of history taking and physical examination of infants and children and then learn to apply therapeutic measures to this particular segment of the population remembering always that infants and children are not simply smaller counterparts of human adults but have physiological, psychological and sociological problems vastly different from those met in the fully grown individual.

Since the vast majority of physicians who go into any type of practice will have to deal with infants and children, it is obvious that every effort should be made to provide them with a full opportunity to be aware of what is going on in the field of medicine. This requires a fundamental understanding of the basic texts on the subject with appreciation of the principles of human growth and development. This means that the pediatric course must be closely allied to the basic sciences which underly it and to such other disciplines as psychiatry to which it is closely interwoven in its practice. Preventive medicine has long been a major part of Pediatrics but here, again, we have the responsibility for correlating these two topics adequately. With these goals in mind the course in pediatrics is planned as one of indoctrination in principles rather than memorization of facts, principles which if properly assimilated, will also find their application in almost every other field of medicine. If we accept this viewpoint, the course in pediatrics must be considered as one of basic importance to all medical practitioners rather than as a specialty with a limited application to only those few who chose to follow it completely.

CARL C. FISCHER, M.D.
Professor and Chairman

Boy it's tough ot Miseri.

"You ain't my mommie."

J. NOON, M.D.
". . . and this little piggy went to morket . . ."

M. HARRIS, M.D.

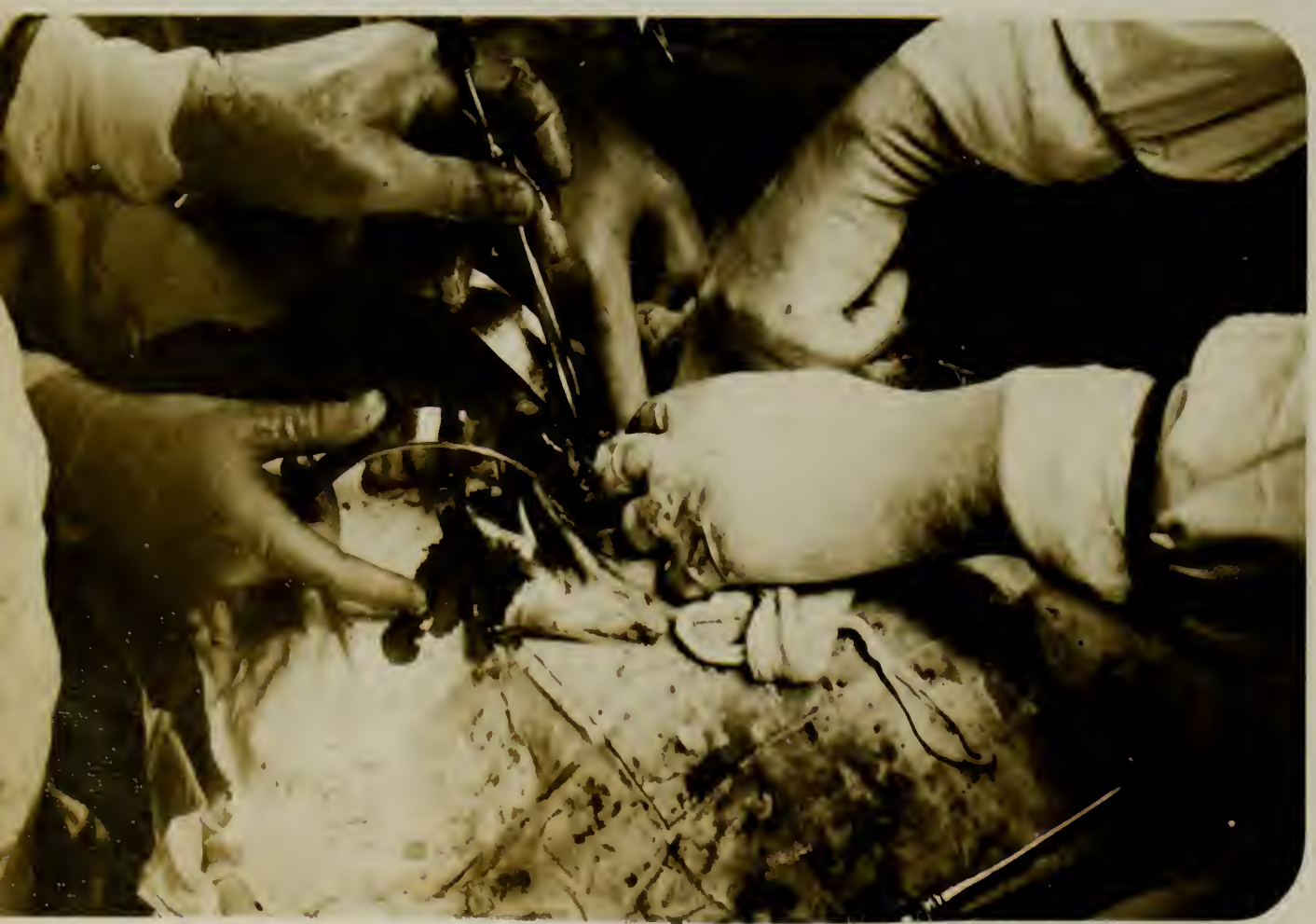
A. LIPSCHUTZ, M.D.
"Yes mom, we'll send you $5.00 for that question for the senior exom."

surgery

SURGERY AND THE MEDICAL SCHOOL

Since the end of World War II, the field of surgery hos been characterized by a period of intense research activity. One by-product of this activity has been the spawning of a group of young surgeons well versed in applied basic science — men who are knowledgeable in such diverse areas as metabolism, cardiovascular physiology, immunology, and cellular pathology to mention a few. They have acquired this knowledge of necessity, as they joined their colleagues in other disciplines in exploring the hitherto unknown areas of intracardiac surgery, hypothermia, organ transplantation, and cancer chemotherapy. As a result of this "team effort" the traditional inter-departmental barriers of the past have been breached and will undoubtedly have a marked influence in the planning of future medical school curricula.

J. W. COLE, M.D.
Professor and Chairman



In the future, quolified clinicions will be colled upon to contribute to on ever increosing extent in the undergroduote educationol programs. As o result of their clinicol experience ond scientific pursuits, they con bring o new dimension to the teoching of gostric physliology, cardiovasculor pothology, fluid ond electrolyte balance, neuromusculor disturbonces, etc. They will no longer porticipote in medicol student teoching solely os internists or surgeons who hove ocquired certoin technicol skills, but porticipate as members of a faculty of medicine, who by virtue of their clinicol experience ond scientific reseorch con and should be integrated into the bosic science progroms for students.

These changes in the posture of clinicol foculty pose additional challenges for their respective departments. If medicol schools are to fully discharge their obligotions to society, they must develop not only oble clinicians, men respected for their obility to successfully core for the sick, but men who are olso imbued with intellectuol curiosity ond on abiding interest in biologicol science. Men who may be expected to inculcote in the minds of future physicians a scientific inquisitiveness which will provide o fertile soil from which new medicol odvonces will be forthcoming.

J. W. COLE, M.D.
Professor and Choirmon

"All bets on the table."

C. C. WOLFERTH, M.D.
"Okay class repeat after me. First little piggy went ta market."

"This is the way we wash our hands, wash our hands, wash . . ."

"Hil My name's Gearge. What's yaurs?"

"Dis mus be da place."

surgery

A. PEARCE, M.D.
"Started that gastrectamy at 9."

R. BOWER, M.D.
"Well we transplanted the chimpanzee kidney, naw haw da we get him aff the chandelier."

"One mare ward out of yau lady and I'll shave this battle dawn yaur thraat."

"Wanna see my navel."

J. M. HOWARD, M.D.

D. SARIS, M.D.
"I don't want to catch yau chewing gum anymare."

F. TROPEA, M.D.
"Yau *#$&*#?@# goag."

A. AYELLA, M.D.

A. CATENACCI, M.D.
"I pass gas all day."

D. GROVE, M.D.
"Wadda you mean, why dan't I wear a mask?"

"PORK on Friday???"

S. FISHER, M.D.
"I think yau're just tryin' ta needle me Dac."

"Just what I thought. She swallawed a light bulb."

H. WEAVER, M.D.
"Was a great day at Garden State."

surgery

Ambulatory amputations.

E. POWELL, M.D.
"Paddy cake, paddy coke . . ."

A little jelly goes a lo-o-o-ong woy.

E. GECKLER, M.D.

"The shin bone's connected to . . ."

R. GREENE, M.D.
"You're going on a long trip . . ."

A. ULIN, M.D. E. EHRLICH, M.D.
"This is the third time you've missed at 7:30 scrub."

obstetrics and gynecology

The primary objective of the department of Obstetrics and Gynecology is instruction in the basic principles as well as the newer concepts in this field of medicine. This necessitates a responsibility for maintaining excellence in the teaching of medical students, internes and residents, in the care of the obstetrical and gynecological patient, and in the scope of an active research organization.

Although the aim of a medical school clinical department should not be the production of a specialist, an adequate foundation of all subjects should be achieved in preparation for post-graduate clinical training. This foundation in obstetrics and gynecology includes almost every subject in the medical curriculum and should be included in each of the four years with a progressive allotment of time in each phase.

G. C. LEWIS, M.D.
Professor and Chairman

obstetrics and gynecology

The refarmatian in medical education in America is presently at an exciting stage. A number of pragrams differing in many aspects fram the traditianal curriculum have been in existence sufficient time far an early appraisal. The newer pragrams plan to develop a tatipatential physician, ane wha is prepared ta facus an general medicine, specialty, research, or educatian. This is being accomplished in an educatianal farm that may truly be called post-graduate study. It is to be haped that all medical schaals will embrace same of the cancepts af integratian and carrelatian af pre-clinical and clinical subjects.

One cancept af the ideal curriculum is ane that is taught by inspired teachers and embadies a philasaphy aimed at praducing the complete and versatile yaung physican. This implies a student wha is prepared ta fallaw any af many courses af special interest including patient care, research, educatian, ar administratian. One wauld hape that his curriculum was fluid enaugh to include pragressively increasing attentian ta patient care and medical practice and a cantinuaus but decreasing emphasis an didactic lecture material. It shauld be impartant that he is imbued with the cancept that his educatian must cantinue thraughaut his career and develap parallel with his experience.

GEORGE C. LEWIS, JR., M.D.
Prafessor and Chairman

B. MacFADYEN, M.D.

"Where's Pontey?"

D. J. PONTARELLI, M.D. "Here I am."

There was a young lady from Maine
Who declared she'd a man on the brain
But you knew from the view
Of the way her waist grew
It was not on her brain that he'd lain.

"Oh my gosh! I lost my ring!!"

"HOW many cm.?"

The birth of the Greot Pumpkin.

A. COOK, M.D.
"No, we can't put single nurses on Enovid."

"I told Nick she was going to deliver in bed."

obstetrics and gynecology

"What do you mean it's got to come out of one of those holes? Is thot all the Obstetrics you know DOCTOR?"

W. REISHTEIN, M.D.
"Gentlemen, you don't get phoco-melio from phocin."

"No lody. I don't think that the mosquitoes hove onything to do with it."

SGT. BROWN
"Who you collin' o sonovabitch, Doctor?"

Twenty-five dollars a month plus tips.

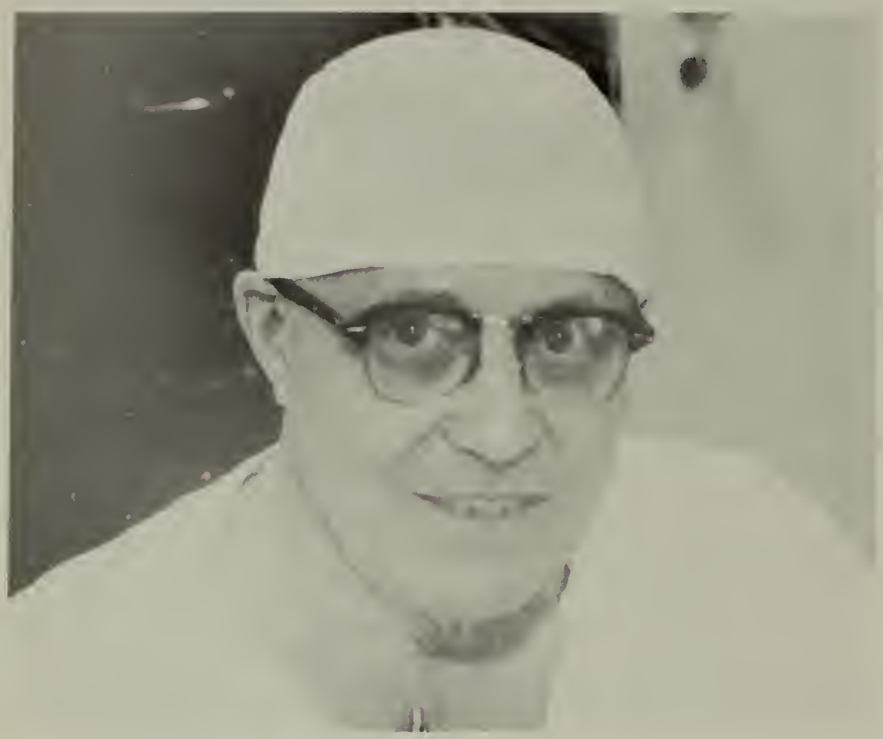
"Why the hell do they have to deliver so early in the morning??"

"Oh no! Not again!!"

S. STEIN, M.D.
"My group had 21% smaller cavities."

"Let Barbara out of there."

obstetrics and gynecology



N. F. PAXSON, M.D.

R. HUNTER, M.D.

"Those bastards fargat ta put the birth weight in again."

"It daes look familiar at that."

psychiatry

1. *Aims and Objectives of the Department of Psychiatry:*
   a. *To teach basic theoretical concepts concerning the human psyche — its nature, its structure, and its function. Emphasis is placed on the developmental history of normal personality; attention is paid to the factors which most commonly result in psychopathology.*
   b. *To teach the diagnosis, prognosis, and fundamental principles of management of the more common psychiatric diseases. This is minimal required knowledge about psychiatry for all physicians regardless of particular specialty.*
   c. *To teach the "psychiatry of medical practice." This has to do with the mental and emotional reactions to illness which occur in all patients of all kinds, not just those with psychiatric disease.*

2. *The Challenges: psychiatry is difficult to teach. This field of medicine is not as fully advanced in its development as are some of the older fields. There are many gaps in our knowledge, and the very nature of the subject matter is subtle and often difficult to measure, define and describe. A good deal is known, much remains to be learned. The great challenge confronting a department of psychiatry is to find ways of teaching effectively what is known, without alienating the interest of the student because of the nature of the subject.*
3. *The place of the psychiatry course in the education of the physician: no physician is a complete physician unless he has knowledge of basic psychiatry, understanding of the psychology of all of his patients, and the ability to bring these things together in order to treat his patients with maximum effectiveness; unless he does this many patients, adequately treated by medical or surgical methods, remain partly or totally incapacitated because of psychic illness. The course in psychiatry is an essential to the education of any physician.*

VAN BUREN O. HAMMETT, M.D.
Professor and Chairman

Another Med Student bites the dust.

GLOSSARY FOR AMATEUR PSYCHIATRISTS

Split personolity: A low-cut gown.
Apathetic: Fellow who just can't get himself to hote his fother.
Pathetic: Kid wha has na father to hate.
Guineo pig: A rat with a high I.Q.
Pyromonioc: Londlord's description of o tenont who asks for heot.
Psychosomotic: "Show me o runny nose ond I'll show you o broken heort."
Siblings: Two children in the some fomily, eoch of whom is perfectly normol until they get together.
Napoleonic complex: A parking lot attendont.
Hysterio: Finding o dime in o phone booth.
Retorded development: Fellow who puts the dime bock.
Hero worship: "My psychiatrist con fight your psychiatrist."
Sympothetic poin: "What made me cry when my mother sponked my brother. I knew I wos next."
Subconscious: Like solomi: Only God knows whot's buried inside.
Security: "All a child needs is love ond securities."

— SAM LEVENSON

student institute

THE STUDENT INSTITUTE is an organization composed of the class officers from each of the four classes of the medical school. The principal function of this organization is to provide the Hahnemann student body with a representative form of student government. The class officers elected to positions on Student Institute include the president, vice-president, secretary, treasurer, and two student institute representatives. In addition, the class officers of junior and senior classes select yearbook editors to serve on the institute. The Student Institute advisors include a clinical and pre-clinical faculty member and the associate dean of the medical college. It is their function to guide the institute in its policies and programs. Class elections are held in April of each academic year. The officers of the institute are selected by its members after the completion of class elections.

The Student Institute is charged by the college with the administration of the student activities fee. A sum of $15.00 is collected from each student at the beginning of each academic year. Approximately 60% of this sum is forwarded to the editors of the Medic for the production of the college yearbook. The remainder of the activities fee is used to finance the program of the institute.

The schedule of events each year attempts to provide the students of Hahnemann with a well-rounded extra-curricular program of activities. The Blue and Gold Dance and the Spring Picnic are traditional events which are sponsored by the institute each year. Recent additions to our program include the Foreign Film Series, Medical Minstrels Nite, and an intramural softball program. A Student Institute Lectureship and a Student-Faculty Basketball Game are events which will be planned for the future. The institute is also currently developing a program for medical student housing and the revision of the honor code. The Student American Medical Association is represented as a sub-committee of The Student Institute. SAMA provides foreign fellowships, life insurance programs, and a monthly publication, The New Physician, to these students who obtain SAMA memberships.

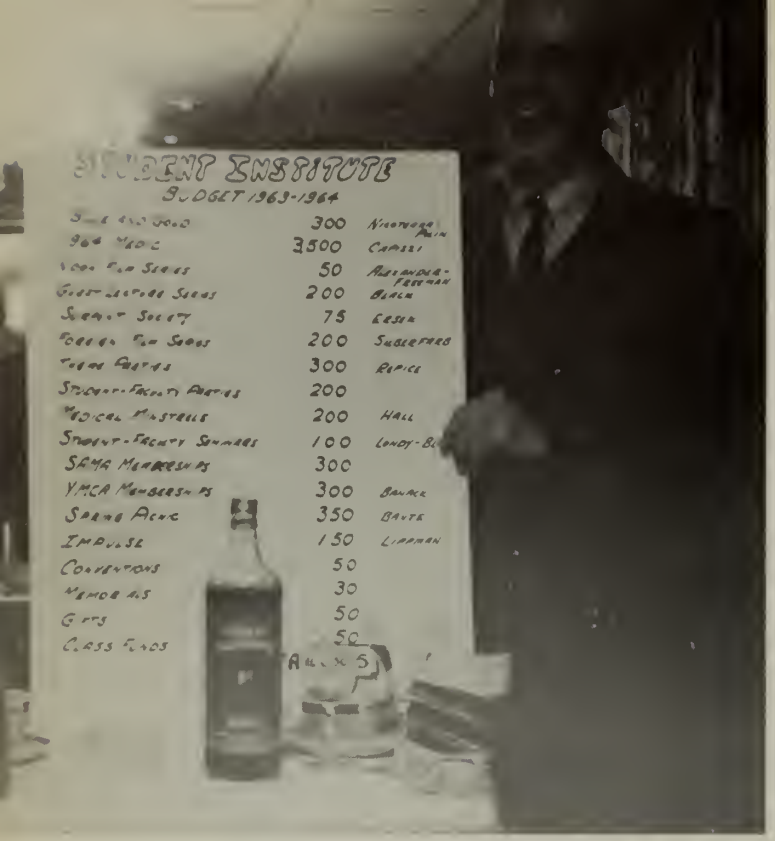
OFFICERS OF THE STUDENT INSTITUTE

President	Clare Novotny
Vice-President	Joel Lundy
Secretary	Mike O'Brien
Treasurer	Bob Baute

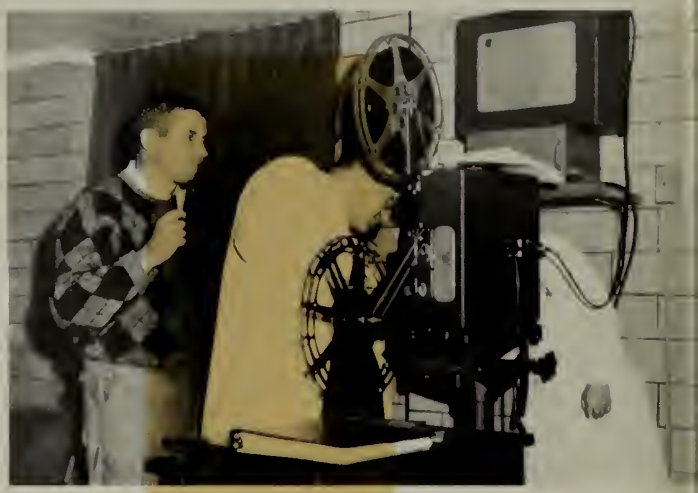
MEMBERSHIP

FRESHMAN: Mike O'Brien, Al Carter, Barbara Parkhurst, Joke Intosco, Don Flanigon, Tony Eng. SOPHOMORES: Bob Baute, Ted Beal, Barbara Pilik, Donna Bell, Bob Freemon, Bob Ersek. JUNIORS: Clore Novotny, Mike Kurtz, Lynn Negus, Ron Repice, Joel Lundy, Pete Silberforb, Bill Block. SENIORS: Wally Holl, Knight Alexander, Stan Bonoch, Tony Nicotera, Bob Capizzi.

student institute

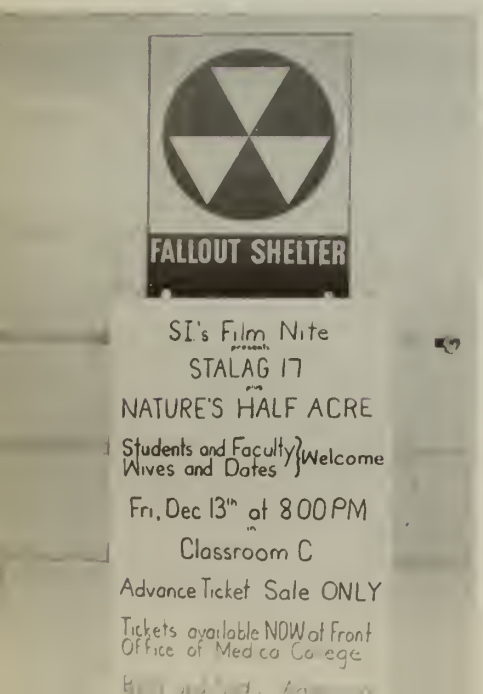


"... and we're only $10,000.00 in the hole."



"Kiss Me."

"No more beer for Schultz."



"Seniars shauld have wan."

Winners — 1964
Medical Minstrels.

"Weren't yau a patient an the ward last manth."

A Periad Party.

"They always give us lausy animals."

HAS ANYBODY SEEN MY GIRL or WHO'S SORRY NOW . . .

Saddle nose, turned down hose,
Chancre, yes sir, one of those

Has anybody seen my girl?

Hutchinson's teeth, Saber shin,
A great big gumma on her chin,

Has anybody seen my girl?

Now if you run into a five foot two,
Covered with sores,

Aortitis, Perichondritis,
You can bet your life she must be yours.

Could she coo?
Could she woo?
Could she could she could she coo?

Has anybody seen my girl?

(from Medical Minstrels — 1964)

"O Sale Mia."

". . . and now far the main attractian . . ."

aesculapian society

The Aesculapian Saciety was faunded in 1943 by its first sponsor, Dr. Thomas M. Snyder, chairman at that time af the department af histology and also clinical professor of ophthalmalagy. His freshman students wrate af Dr. Snyder, "We remember him with great admirotian and affectian. His teachings inspired us, his humor tickled us, his advice gave us caurage to return far the secand semester." It was he who chose the thirteen charter members of the Society, amang wham ore present day familiars, Drs. Mike Brignola, Frank Nagle, Jr., and Mike Mandarina.

When faunded, the Saciety was intended to bring together a group af men ta discuss the history of medicine. The ariginal purpose was stated: "Ta maintain close informal friendship and enlightenment in regards ta develapments, both past and present, in aur common interest, medicine." As it exists today, the Aesculapian Society is a group wha meet periodically for an informal dinner meeting. Distinguished guest speakers, invited to join the arganizatian far an evening, invariably stimulate the graup to thoughtful discussion. While not professing ta limit itself ta the original intent af discussing "the histary af medicine", the Society is primarily cancerned with the learning, practicing, and teaching of medicine taday.

Because of the clase-knit nature af the Society its membership is limited to twenty af the Seniors and five less members per each succeeding class. A member is elected upon the recommendation and approvol of the other members of the Saciety within his particular class. The intent is nat ta be exclusive but rather perpetuate the spirit of the organization os it was canceived.

Officers for 1963-64:

Advisor:	Dr. Joseph Imbriglia
President:	Wolden Holl
Vice President:	Rabert Hurtz
Secretory-Treosurer:	Robert Hunsicker

MEMBERS:

SENIORS

F. Knight Alexander, Stanley Banach, Jahn Backer, David Casey, Jeryl Cates, Jahn Carbett, Paul Croissant, Jahn Gallen, Edward George, Ben Lee Glaspey, Walden Hall, Walter Janes, Kenneth Kaminker, Anthany Nicatera, George Prutzman, Rabert Rapp, Jack Rozwadawski, John Ryan, Fred Thampsan, Thamas Urbaniak.

JUNIORS

William Black, Andrew Burgayne, Gardan Clement, Jahn Dabrata, Raymand Daminici, Thamas Habbins, Alexander Haffman, Hugh Hake, Rabert Hurtz, Vincent Menna, Clare Navatny, James O'Connell, Carl Opderbeck, Michael Scarlato.

SOPHOMORES

Paul Aita, Benjamin Balme, Edward Beal, Rabert Ersek, James Flynn, Rabert Hunsicker, Kenneth Janes, Danald Mellman, Vaughn Mickouls, Paul Turner, Jahn Warringtan.

FRESHMAN

Jahn Aramian, Alexander Carter, Danald Flanigan, Stephen Risin, Richard Wang.

alpha omega alpha

Alpha Omega Alpha is the natianal hanar medical saciety ta which members are elected by faculty vote on the basis of superior scholastic achievement, integrity, leadership and prafessianal dedication.

The purpase of the arganization is ta faster an appreciatian af the maral and academic principles af medical educatian and practice. Established at Hahnemann in 1952, the Zeta Chapter limits its membership ta students in the juniar and senior years.

The society annually sponsors a lectureship for the benefit af students and faculty at which many distinguished persons in the field of medicine have appeared. This year's lecture was given by Dr. David Hume, Professor and Chairman af the Department af Surgery at the Medical College of Virginia.

His topic was "Current Status af Organ Transplantatian in Man." Dr. Hume pointed aut that over 200 renal hamatransplants have been perfarmed, with aver half af these people alive today.

The day's praceedings were terminated at the inductian banquet held at the Union League of Philadelphia.

OFFICERS

President:	Steven Rubin
Vice President:	Nicholas Diaco
Secretory:	Robert F. Slifkin
Treasurer:	David J. Tuckman
Banquet Choirman:	Melvin Vigman
Historian:	Lawrence D. Phillips

MEMBERS

SENIORS

Robert L. Copizzi, Joseph Dioco, Kenneth H. Leese, David Major, Anthony M. Renzi, Allon B. Schwartz, C. Fred Thompson.

JUNIORS

Ronald Apfelbaum, Richard F. Corlin, John S. Dobroto, Corlo B. Melini, Paul B. Visconti, Horry Zoll.

This year saw the 17th Annual Undergraduate Research Day. During the past summer mare than 25% af the student body had the appartunity to engage in basic or clinical research. The Undergraduate Research Day is designed ta give recagnitian ta these students and to give them the oppartunity to make a formal presentatian af their wark.

This research pragram is not designed to make researchers aut af the entire student body, but rather to acquaint the student with the methads and techniques used in basic and clinical research. This has many advantages. It enables the student ta better evaluate the medical literature and for same it has served as a starting graund for a research career.

Since its inception, many notable men in medicine and the para-medical sciences have came ta Hahnemann to speak an the Undergraduate Research Day. Among them were Owen Wangensteen, Harry Greene, Priscilla White, Richard Bing, Seymour Kety, C. Walton Lillihei, Theadare Rasmussen, Wendell Stanley, and Harry Eagle.

The faculty advisers, Dr. Alex Ulin and Dr. Amedea Bandi, are largely responsible far the yearly success of the day's praceedings. This year's afficers were Arnold Roth — President and Benjamin Platt — Secretary.

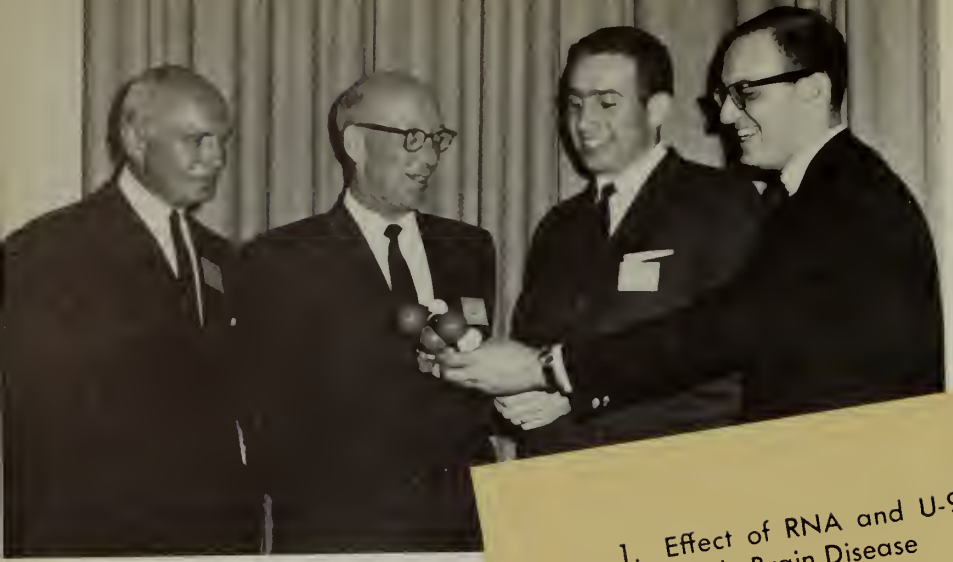
The speaker this year was Nabel Prize winner Dr. Edward Tatum who gave the principle address entitled "Molecular Genetics — Microbes to Man". The academic activities were followed by a cocktail party and banquet far the participating students and the faculty.

Seventeenth Annual Undergraduate Research Day

Wednesday,
March 20, 1963

SPONSORED BY THE
STUDENT
INSTITUTE
OF
HAHNEMANN
MEDICAL
COLLEGE

at the
Philadelphia Athletic Club
Broad above Vine Streets
Philadelphia



1. Effect of RNA and U-9189 on Neurological Functions in Senile Brain Disease
   Kenneth Freiberg
   Discussant—Dr. John H. Nodine

2. A Possible Mechanism of Action of ADH
   Benjamin B. Platt
   Discussant—Dr. Joseph B. Rosenfeld

3. Methods for Selection of Yeast Mutants
   Alan Russakov
   Discussant—Dr. Albert Moat

4. The Biochemical Effects of Methylglyoxal-bis-(Guanylhydrazone)
   Kenneth Kaminker
   Discussant—Dr. Julius Schultz

5. Electrophysiologic Observations Concerning the Genesis of Ventricular Fibrillation
   Michael Katz
   Discussant—Dr. Leonard Dreifus

6. Approaches to Surgical Production of Aortic and Mitral Valve Insufficiency
   Mark R. Levine
   Discussant—Dr. Henry Perlmutter

INTERMISSION

STUDENT PRESENTATIONS 2:30 P.M.

7. Regional Blood Flows in Hemorrhagically Shocked Dogs
   Robert C. Steppacher
   Discussant—Dr. Charles C. Wolferth, Jr.

8. Antigenicity of Trypsin and Trypsin Inhibitor
   Frederick H. Roever
   Discussant—Dr. James K. Alexander

9. Effect of Glucose on Renal Uric Acid Excretion in Diabetic Subjects
   James A. Padova
   Arthur Patchefsky
   Discussant—Dr. Gordon Bendersky

10. Quantitation of Plasma Estrogens in Patients with Coronary Artery Disease and Hyperlipemia
    Robert L. Capizzi
    Discussant—Dr. Sheldon R. Bender

11. Attempts at In Vivo Transduction
    Herbert F. Rest
    Discussant—Dr. Amedeo Bondi

12. Aldosterone—A Cause of Post Operative Sodium Retention?
    Nicholas R. Pitha
    Discussant—Dr. Edward W. Ehrlich

the christian medical society

The student CMS chopter of Hahnemonn Medicol College is a member of the notional Christion Medical Society, and is a non-sectarian orgonization which meets regularly once a week for proyer ond Bible study. These discussions center around the personol interpretotion of the Scriptures by those who ottend. Much ottention is given to the application of the Scriptures in porticulor to the problems of medical students ond groduote doctors. Each week, one of the members tokes chorge of the meeting. All interested students ore invited to ottend ond to porticipote in these discussions.

Parties ond picnics ore periodicolly scheduled, ond the Hohnemonn chopter hos many opportunities eoch yeor to work with the student chapters from other local medicol schools in the preporotion of city-wide CMS events. The Hohnemonn chopter olso helps operate a mission clinic, which is locoted in downtown Philadelphio ond is designed for the purpose of helping those in need of medicol attention who con not otherwise receive it.

The purpose of the society is to encouroge one onother in the Christion foith, investigote the spiritual implication of professional problems, ond be of mutuol help to eoch other while in medical school.

OFFICERS

President:	John Vroom
Vice-President	Richard Stoltzfus
Secretory-Treosurer:	Thomos Sweotman
Representotive:	Robert Martin

MEMBERS

Robert Barton	Richard Stoltzfus
Bert Giulion	Joseph Suter
Robert Knapp	Thomos Sweatman
Robert Mortin	Jim Toylor
Fred Roever	John Vroom
Chorles Shibue	Charles Zechman

hahnemann undergraduate wives association

The Hahnemann Undergraduate Wives Association was formed to acquaint the wives of medical students with the profession of medicine — its aims, purposes and ideals; its various organizations and auxiliaries — and to prepare them to accept their responsibilities as wives of medical doctors.

The year, filled with activity, passed in a flash. There was the annual tea, guest speakers, panel discussions, the Christmas party, the bake sale, and the New York Trip. Then the time came for the highlight of the year, the May Dinner, when we received our long awaited PHT degrees. Now it was time to say farewell to friends and the happy times we spent together. The lasting friendships we made and the experiences we shared will be looked back upon with fond memories.

We are grateful to our sponsor, Mrs. Axel Olsen, who has given unselfishly of herself to provide guidance to the Hahnemann Undergraduate Wives Association. Her thoughts and suggestions have been invaluable to the organization. We appreciate and thank Mrs. Olsen for the many ways she has helped HUWA through the years.

family

Sandra & Mike Bendon

the Gollens (John, Dolly, Beth & John Jr.)

Jack, Pot & Children

Corruthers Clan

Jeffrey Lipton

the Corbets & Croissants

Kitt & Barbara Gasper

"Little Pumpkin"

Ben & Audrey Glaspey

the Caseys & Ropps

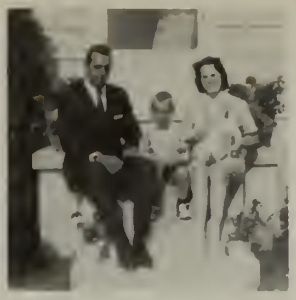
the Sandors

Pete & Ginny Germond

Larry & Eileen Fronce

album

Lynn & Herb Rigberg



the Seltzers

Dove & Evelyn Mojor

Roddie & Bob Slifkin

Allan & Barbara

Bob & Lynn Lecher

The Plotts

Jim, Loretta, Matthew, Mark & Michael Finnegan

Jami & Bob Weinstock

The Hahnemann Medical College

FRESHMAN CLASS

September 9, 1963 to June 4, 1964

Department of _____ *Subject* _____

Final grades obtained by a computation of marks earned at recitations, test examinations, and final examinations. RE-EXAMINATION—FINAL GRADE. (Cross out words not applying.)

Enter all failures in RED

Roll Number	Grade	Roll Number	Grade
1. ABER, John M.		56. KAHN, Donald L.	
2. AMBRUSO, Victor T.		57. KALSTEIN, Stephen	
3. ANDERSON, William		58. KAVIC, Alexander J.	
4. ANDREOZZI, Robert J.		59. KISSLO, Joseph A., Jr.	
5. ARONIAN, John M.		60. KONECKE, Lee L.	
6. ASHMAN, Sara Ann D.		61. KRENICKY, Peter T.	
7. BALIS, Gene A.		62. KROLL, Ronald N.	
8. BAUMLIN, Thomas E., Jr.		63. LAZARUS, Lawrence W.	
9. BERNSTEIN, Robert A.		64. LEONE, Joseph A.	
10. BREMER, Malcolm H.		65. LEVENBERG, David	
11. BROWN, Jules P.		66. LEVIN, Lewis M.	
12. BROWNE, Roger W		67. LEVIN, Morris	
13. BUCH, Wally S.		68. MacDADE, Albert D.	
14. BUXTON, Donald R.		69. McCALL, Ronald E.	
15. CAGGIANO, John D.		70. McCOY, Robert L.	
16. CARILLO, Ferdinand J.		71. McHALE, Thomas A.	
17. CARROLL, Frank E.		72. MILLER, Alan N.	
18. CARTER, Alexander E.		73. MUFSON, LEWIS J.	
19. CATZIN, Maryann T.		74. MURPHY, James A.	
20. CIFRESE, Rocco P.		75. NADLER, Joel B.	
21. CLEAVES, Henderson J.		76. NARDONE, Mark C.	
22. COHEN, Herbert E.		77. NORWITZ, Steven B.	
23. CONKLIN, Sam P.		78. O'BRIEN, Paul M., Jr.	
24. CRICHTON, Philip S.		79. O'CONNELL, Paul B.	
25. DAMSKER, Jeffrey I.		80. OJEDA, Andrew J.	
26. DAVID, Laurence M.		81. PARKHURST, Barbara L.	
27. DIAMOND, George A.		82. PEKALA, Bernard A.	
28. DI GIOVANNI, Anthony J.		83. PETERSON, Wesley H.	
29. DI LIBERO, Ralph J.		84. PIRACCI, Joseph E.	
30. DRATCH, Michael B.		85. PRESS, Richard A., Jr.	
31. EDELSOHN, Lanny		86. PREVITI, Vincent A.	
32. ENG, Tony		87. QUINTO, Anthony S.	
33. ENGLAND, Alice D.		88. REIDELL, John S.	
34. EPSTEIN, William H.		89. RISEN, Stephen E.	
35. FELDMAN, Myron		90. RIZZOLO, Ronald E.	
36. FLANIGAN, Donald J.		91. ROSENBERG, Mark M.	
37. GAIN, Thomas B.		92. RUGGIERO, Robert A.	
38. GALEN, Malcolm A.		93. SCILENY, John J.	
39. GALIETTA, Gerald E.		94. SHOR, Lawrence D.	
40. GARBER, Francis X.		95. SIMMONS, John W.	
41. GIORDANO, Anthony J.		96. SMITH, Allan M.	
42. GITTLEMAN, Stanton C.		97. SOOWAL, David S.	
43. GIULIAN, Bertrand B.		98. SPECTOR, David A.	
44. GREBERMAN, Melvyn		99. STROUSE, IRVING D.	
45. GURLAND, Steven V.		100. TAFT, Steven D.	
46. HATLEY, Walter F.		101. TEPLICK, Steven K.	
47. HAWLEY, Rollin J.		102. TSAO, Thomas K. S.	
48. HOWARD, Arthur		103. WALCH, John R.	
49. HUGHES, James L.		104. WANDALOWSKI, John G.	
50. HUNG, Jean K.		105. WARD, Robert B., Jr.	
51. IANTOSCA, Anthony C.		106. WARKEL, Raphael L.	
52. IZZO, Joseph L.		107. WHITE, David M.	
53. JEKOT, Walter F.		108. WILHELM, William C.	
54. JOBES, David R.		109. WOLF, Franklin M.	
55. KAFRISSEN, Steven R.		110. WONG, Richard	

Final reports should be submitted on this official report to the office of the Registrar. A duplicate report of the above grades must be retained by the head of a department.

(Signature) _____

_____ *Head of Department of* _____

The Hahnemann Medical College

SOPHOMORE CLASS

September 9, 1963 to June 4, 1964

Department of _____ *Subject* _____

Final grades obtained by a computation of marks earned at recitations, test examinations, and final examinations. RE-EXAMINATION—FINAL GRADE. (Cross out words not applying)

Enter all failures in RED

Roll Number	Grade		Roll Number	Grade
1. AITA, Paul Charles			56. MATTHEWS, Arthur Conrad	
2. ALIFANO, John J., Jr.			57. McCARTHY, Robert E., Jr.	
3. ANDERSON, Carl Edwin			58. McELIECE, Frederick John	
4. BALME, Benjamin F.			59. MECCA, John J.	
5. BAUTE, Robert Edward			60. MELCHIODE, Gerald A.	
6. BEAL, Edward Wescott			61. MELLMAN, Donald Lewin	
7. BELL, Donna Louise			62. MICKOULS, D. Vaughn	
8. BERGER, Nathan Allen			63. MOORE, Francis Gerald	
9. BOGDANOFF, Bruce Michael			64. MORRIS, Robert Ira	
10. BOSACCO, Stephen John			65. PELOQUIN, William Henry	
11. BROOKS, Richard K.			66. PENNOCK, Ronald	
12. BROSELOW, Robert Joel			67. PILIK, Barbara Ann	
13. BURNS, David Russell			68. RILLING, David Carl	
14. CALLIE, Albert Samuel			69. ROEVER, Frederick Henry	
15. CASTELLANOS, Ronald David			70. RUBIN, Harvey Martin	
16. CHAITIN, Alan Howard			71. SACKS, Ellis Howard	
17. CRISTINI, John Andrew			72. SADLER, Alfred Mitchell, Jr.	
18. CUMMINGS, Robert V.			73. SAULL, Fredric Ricky	
19. DAVIS, Fred Grover			74. SILSBY, John Joseph	
20. DAVIS, William Edward K.			75. SQUITIERI, Alfonse Paul	
21. DE COLLI, Joseph Albert			76. STALLER, Bernard Jay	
22. DEVOR, Jack Allen			77. STOLTZFUS, Richard Glenn	
23. ERSEK, Robert A.			78. SUMNER, Michael G.	
24. FALIK, Joel L.			79. SWEATMAN, Thomas William, III	
25. FERREIRA, Richard Chris			80. TAYLOR, James Alan	
26. FINE, Jeffrey Robin			81. TAYLOR, William Arthur	
27. FLYNN, James Jay, III			82. TORPIE, Richard J.	
28. FREEMAN, Richard Emery			83. TRYBUS, Adam George	
29. GLASSBURN, John Robertson, Jr.			84. TURNER, Clifford James	
30. GOLD, Robert Stanley			85. TURNER, Paul Truman	
31. GOLDMAN, Allan Louis			86. WARRINGTON, John Theodore, Jr.	
32. GOULD, Sam Charles			87. WEAVER, Carl Phillip	
33. GRAY, Herbert Wendell, Jr.			88. WEINER, Jeffery Richard	
34. GREENE, Frank M., Jr.			89. WERTHER, Norman M.	
35. GUTEKUNST, Donald Paul			90. WESTCOTT, William L., Jr.	
36. HABERMAN, Paul Barry			91. WESTERMAN, George Grayson	
37. HAPP, Richard Anthony			92. WILBRAHAM, Francis Michael	
38. HOLLAND, John Allen			93. YECIES, Jerold Joseph	
39. HOLLIS, William Hugh			94. ZEDELIS, Robert V.	
40. HORMAN, Marc Joel			95. ZUCKER, Eli Warren	
41. HOUIDES, Athanasios C.			96. ZWIBEL, Howard L.	
42. HUNSICKER, Robert Charles			97.	
43. JONES, Kenneth Lyons, Jr.			98.	
44. JONES, Marshall Hay, Jr.			99.	
45. KAINE, Robert Leonard			100.	
46. KATZ, Paul			101.	
47. KNAPP, Robert Sinclair			102.	
48. KORN, Errol Richard			103.	
49. KOWALYSHYN, Theodore J.			104.	
50. KRASNER, Paul P.			105.	
51. LAVINE, Peter Gay			106.	
52. LEAVEY, Richard A.			107.	
53. LEBOWITZ, Alan I.			108.	
54. LINSHAW, Michael Abram			109.	
55. MALEE, Terrence James			110.	

Final reports should be submitted on this official report to the office of the Registrar. A duplicate report of the above grades must be retained by the head of a department.

(Signature) _____

Date submitted _____ *Head of Department of* _____

The Hahnemann Medical College

JUNIOR CLASS

September 9, 1963 to June 4, 1964

Department of _____ *Subject* _____

Final grades obtained by a computation of marks earned at recitations, test examinations, and final examinations. RE-EXAMINATION—FINAL GRADE. (Cross out words not applying.)

Enter all failures in RED

Roll Number	Grade		Roll Number	Grade
1. APFELBAUM, Ronald Ira			56. MILKE, Denis Jerome	
2. ARNETT, Charles Lee			57. MILLER, Stuart	
3. BARSKY, Bernard Robert			58. NEGUS, Lynn Dorraine	
4. BARTON, Robert Lester			59. NOBLE, Deborah Clarke	
5. BERMAN, Arnold Theodore			60. NOVOTNY, Clarence George	
6. BEVILACQUA, Dante John, Jr.			61. NOWSATKA, Raymond Robert	
7. BLACK, William Alexander, Jr.			62. O'CONNELL, James Richard	
8. BLOOM, Myron J.			63. OPDERBECK, Carl Theodore	
9. BROSGOL, Franklin Leonard			64. ORT, Robert Barker	
10. BURGOYNE, Andrew Sexton			65. PHOTIAS, George (to 3/8/64)	
11. CANNAROZZI, Nicholas Anthony			66. PUGLISI, Anthony Stephen	
12. CAPRINI, Joseph Anthony			67. REPICE, Ronald Michael	
13. CARLSON, Alfred John, Jr.			68. REST, Herbert Frank	
14. CHIDSEY, Richard Anthony			69. ROGERS, Diana Rosemary	
15. CIANCIULLI, Francis Daniel			70. ROMFH, Richard Forrest	
16. CLEMENT, Gordon Santo			71. SAPOZNIKOFF, John Barry	
17. COHEN, Barry Herbert			72. SCARLATO, Michael	
18. COOK, Donald Hunter			73. SCHECTER, Lawrence Mark	
19. CORLIN, Richard Fredric			74. SCHWARTZ, Joel	
20. DEICHERT, Robert George			75. SHIBUE, Charles Tatsuo	
21. DEL GUERCIO, Edmund T.			76. SILBERFARB, Peter Michael	
22. DINENBERG, Stephen			77. SIPOWICZ, Carl Peter	
23. DOBROTA, John Stephen			78. SNYDER, Joel Mark	
24. DOMINICI, Raymond Henry			79. SOKOL, David Marvin	
25. EBAUGH, Duane Wallace			80. STEEB, Robert Carl	
26. EMKEY, Ronald Daniel			81. SUTER, Harry Joseph	
27. GAUDIO, John Carmen			82. SWIECICKI, Alan Roy	
28. GRECO, James Anthony			83. TORTORELLA, John Peter	
29. GRIECO, Emil Richard			84. URBAN, Edward Louis	
30. GROSSMAN, Michael			85. VAN DINE, Kenneth George	
31. HARTMAN, Faith Audrey			86. VISCONTI, Paul Boschen	
32. HASELKORN, Alexander			87. VROOM, John R.	
33. HEMSLEY, Henry William			88. WALDBAUM, Marc Louis	
34. HERBERT, Wesley Richard, Jr.			89. WENZ, Barry	
35. HOBBINS, Thomas Eben			90. WERNER, Joseph Henry, Jr.	
36. HOFFMAN, Alexander			91. WIENER, Stephen George	
37. HOKE, Hugh Holman, Jr.			92. WISE, Arthur Jerome, Jr.	
38. KATZ, Richard David			93. WOLFSON, Saul David	
39. KLEIN, Gershon Allen			94. YOUSHAW, Dennis Gordon	
40. KRATSA, Gus Peter			95. ZALL, Harry	
41. KROMASH, Marvin Henry			96. ZECHMAN, Charles Richard	
42. KURTZ, Michael David			97.	
43. KURTZ, Robert Irwin			98.	
44. LANDIS, Robert Chester			99.	
45. LEVINE, Mark Roger			100.	
46. LIPPMAN, Alan Jeffrey			101.	
47. LORENZ, Paul Phillips			102.	
48. LUNDY, Joel			103.	
49. MacKENZIE, Charles Edward			104.	
50. MAYROWETZ, Stanley			105.	
51. MAZUR, John Robert			106.	
52. McCLAIN, Clifton Andrew, III			107.	
53. MELINI, Carlo B.			108.	
54. MENNA, Vincent Joseph			109.	
55. MEYERS, Allan Frederick			110.	

Final reports should be submitted on this official report to the office of the Registrar. A duplicate report of the above grades must be retained by the head of a department.

(Signature) _____

Date submitted _____ *Head of Department of* _____

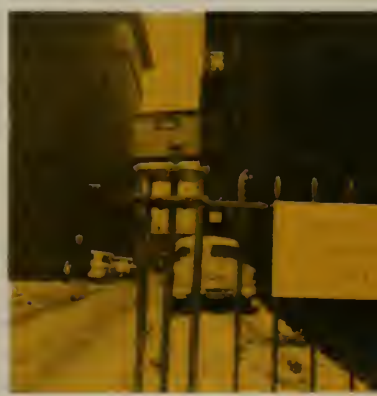
Holiday
Holiday

autumn 1960

. . . in the physician or surgeon no quality takes rank with imperturbability . . . Imperturbability means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril, immobility, impassiveness, or to use an old and expressive word, PHLEGM.

SIR WILLIAM OSLER
Aequanimitas and Other Addresses

seniors



MEDIC
1964

f. knight alexander, jr.

A.B., M.D.
Lincolnville, Maine
Princeton University
Vice President — Senior Class
Student Institute
Aesculapian Society
Yearbook Staff

william e. aherne, jr.

A.B., M.D.
324 York Road
Hatboro, Pa.
Cornell University

gordon c. arnold

M.D.
640 Dallas Street
York, Pa.

michael e. aronoff

M.D.
Wyncote House
Wyncote, Pa.
University of Pennsylvania

MEDIC 1964

robert e. auerbach

B.S., M.D.

302 Walnut Hill Lane
Havertown, Pa.

Franklin and Marshall College

Phi Lambda Kappa Fraternity

stanley f. banach

B.S., M.D.

15th and Elm Street
Allentown, Pa.

Moravian, 1956
Lafayette, 1960

Student Institute
Aesculapian Society

nancy l. phillips bealor

B.A., M.D.

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Susquehanna University
Secretary of class, 1960 to 1964
Student Institute

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M.D.

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Philadelphia, Pa.
Temple University
Medic Staff

robert f. brill

B.A., M.D.

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Owego, New York
Colgate University
Phi Chi Fraternity
Aesculapian Society

john e. bocker

B.S., M.D.

524 S. Lansdowne Avenue
Yeadon, Pa.
Saint Joseph's College
Alexis Carrel Society
Aesculapian Society

robert l. capizzi

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Temple University School of Pharmacy
Alpha Omega Alpha Honor Society
Editor-in-Chief, 1964 Medic
Undergraduate Research Society
Student Institute
Alexis Carrel Society

ralph b. carruthers

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Mount Unian, Pa.
Gettysburg College

david t. casey

M.D.

200 E. 66th Street
New York, N. Y.

University of Pittsburgh

Aesculapian Society
Undergraduate Research Society
Editor, "Impulse"
President — Junior Class
Student Institute
Psychiatry Society

jeryl r. cates

M.D.

250 S. Sonntag Avenue
Evansville, Indiana

Indiana University
Evansville College

Aesculapian Society

mark j. cerciello

B.S., M.D.

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Allentown, Pa.
Muhlenberg College
Alexis Carrel Society
Alpha Kappa Kappa Fraternity
Aesculapian Society

thomas c. cherubini

B.S., M.D.

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Edgewater Park, New Jersey
Temple University

allan mayer cohen

M.D.
1433 West Market Street
Pottsville, Pa.
Lafayette College
Phi Lambda Kappa Fraternity
MacFadyen Society

norman h. coopersmith

B.A., M.D.
7257 North 18th Street
Philadelphia 26, Pa.
La Salle College
Phi Lambda Kappa

john m. corbett

B.S., M.D.

4628 Rolling Hills Road
Philadelphia 36, Pa.
Brown University
Phi Chi Fraternity — Vice President

paul d. croissant

M.D.

Drawer Q.
Lima, Ohio
Bowling Green State University
Phi Chi Fraternity
Undergraduate Research Society
Aesculapian Society

joseph f. diaco

M.D.

376 Beverly Blvd.
Upper Darby, Pa.

Villanova

Phi Lambda Kappa Fraternity
Alpha Omega Alpha Honor Society

nicholas v. diaco

M.D.

903 Durard Road
Philadelphia 50, Pa.

Villanova

Phi Lambda Kappa Fraternity
Alpha Omega Alpha Honor Society

donald ferretti

M.D.

3920 Fairhill Street
Philadelphia, Pa.
Ursinus College
Phi Chi Fraternity

james o. finnegan

M.D.

671 Becks Run Road
Pittsburgh 10, Pa.
University of Pittsburgh
LaSalle College
Undergraduate Research Society
Yearbook Staff

MEDIC
1964

loretta podolak finnegan

B.S., M.D.

671 Becks Run Road
Pittsburgh 10, Pa.
Ursinus College
Hahnemann Undergraduate Wives Association

laurence w. france

B.S., M.D.

326 Clifton Avenue
Sharon Hill, Pa.
St. Joseph's College
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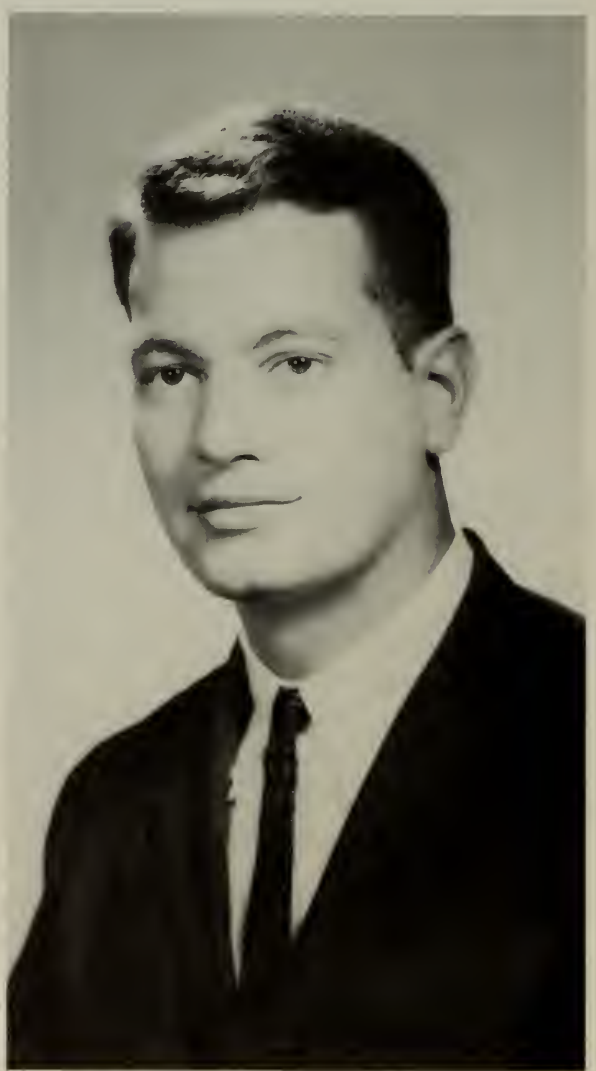

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hahnemann alumni association

THE ALUMNI ASSOCIATION OF HAHNEMANN MEDICAL COLLEGE . . . WAS FORMED IN 1884. In 1931 it was incorporated under the laws of the Commonwealth of Pennsylvania. A delegate was sent to the meeting of the American Alumni Council in 1935, making Hahnemann the first, and for many years the anly, strictly medical alumni group in the Cauncil.

The Alumni Association today has reached its peak membership, 3721, which includes all graduates for whom addresses are known. As might be expected, most Hahnemann graduates have remained close to "home," although California recently moved ahead of New York state into third place. There are Hahnemann doctors in all 50 states, and some 60 others are in nations scattered around the globe.

The objectives of the Association, as stated in its constitution are fourfold:

1. To promote the interests and extend the influence of The Hahnemann Medical College of Philadelphia.
2. To advance a higher medical education.
3. To secure intellectual and social benefits for its members.
4. To promote the scientific and sociologic interests of the undergraduate student body.

To achieve these ends, the Association:

1. Publishes its quarterly *Alumni News* (now distributed also to students and faculty)
2. Sponsors Alumni Day the day before June Commencement
3. Plays host to members of the graduating class on Alumni Day
4. Hosts annual Freshman Luncheon during orientation
5. Has representation on the Hahnemann Board of Trustees and its pertinent committees dealing with college and hospital operations
6. Conducts Annual Giving Fund campaign to finance operations and make grants to the College
7. Furnishes support for the activities of the Student Institute, including Undergraduate Research Day
8. Assists in recruiting qualified students for the College
9. Extends loans to needy, deserving students
10. Sponsors annual Postgraduate Seminar Trip
11. Sponsors periodic meetings of its members in outlying cities as well as at the AMA and Pennsylvania Medical Society conventions.

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editorial

Closs records by their very nature often times tend to be over sentimental. We have attempted to avoid this but of course when you try to portray a class history it is virtually impossible to completely eliminate sentimentality.

The preparation of the Medic has taken more time and effort thon we as students could often afford to expend. This task was increased by our ambition to create with our hands a finer and greater book.

The photographs herein indicate the scope of the four years activity. As editor of this book I must speak for more than myself; yet as each of our personalities differ, I may express a variation of my colleague's beliefs.

The captions are a tradition. It is hoped that they will be read only in terms of humor and that those toes which have been bruised will attach little significance to our puns. Special thanks to the Ortlieb, Ballantine and Schmidt's Brewing Co. without whose help the captions would never have been written.

Medical school years are gone and now it seems that they have gone a little too rapidly. True, there may have been times when it seemed difficult to plod on. Days of anxiety and uneasiness. Days of written exams, orals and practicals. Yet, as we hold these years in retrospect — the first anatomy lecture, hurriedly trying to copy drawings off the board with sweaty palms and a handful of multi-colored pencils; the Lily gift of stethoscopes which we dangled around our necks and from our pockets, barely knowing how to use them; pathology gross specimens reiking of formaldehyde; the odiferous scrawny dogs in physiology and pharm labs; physical dx, with our first rehetorical history taking when we spouted out questions like a machine gun — from the concealed list in our clip boards - - - and much more.

That which had appeared unfathomable, we have fathomed. We have traveled a long and weary road, yet we are just beginning. Now the time has come for eoch of us to go into a phase of medicine in which we think we will be most suited. Whatever it shall be, whether the general practice of medicine or ultra-specialization, we can go forward with a feeling of preparedness having been well taught by our faculty. They have led us to the fountains of medical knowledge, how much of it we sholl imbibe depends on our own initiative. They have helped us to mature from anxious freshmen to physicians. For them we shall have a lifelong feeling of gratitude.

Yes, our achievements have been many in these past several years ond there is great reason for joy.

In closing I would like to express my heartfelt thanks to our business manager, John Gallen, and to the members of the Medic staff who have given so generously of their time and talents, and contributed much to the publication of this volume.

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*My **ESSENTIAL THESIS** has been that what binds our profession together throughout the world is not so much the facts we agree upon or the knowledge we share as the experience we have all gone through and the way we understand them and fit them to the pattern of our values. Our fellow feeling rests as much on the similarity of our relationships with patients as on the identity of our formulated knowledge or beliefs. And even more certain, the continuity of our professional heritage from the past cannot have come from the changelessness of theory, practice, belief, or admitted fact. All these have changed too much for that to be possible. Our professional history hangs together because the cardinal experiences of the doctor with death, birth, responsibility and confidence, fear and courage, ignorance and learning, power and powerlessness, have remained so little changed through the centuries, and even through the last few decades.*

And now I beg you let me rest my case by naming these cardinal experiences once again: choosing to be a doctor, experiencing meanwhile great encouragement, facing death and the machinery, realizing the meaning of narrative, finding out what to learn and how, finding compassion as the answer to detachment, witnessing birth, and assisting happiness, taking responsibility for death, seeing your idol fall, and, then, as at once the greatest danger and the greatest reward in medicine — and so the deepest bond between us all — the first time a patient trusts you — with his life.

finis

ACKNOWLEDGEMENTS

1. Monograph on p. 139, taken from *For Future Doctors*, by Alan Gregg, M.D. The University of Chicago Press, 1957, pp. 38-39.

2. Quotation on p. 21, taken from *Osler's Aphorisms*, by Wm. Bennett Bean. Henry Schuman, Inc., New York 1950.

3. Quotation on p. 89, taken from *A Equanimitas with other Addresses*, by Sir. Wm. Osler. P. Blakiston Son & Co., Phila. 1932.

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Surveying village health needs, an SK&F Foreign Fellow examines a child in Kurali, near New Delhi, India.

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IRAN...
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At hospitals and medical outposts a long way from the classroom, medical students learn to cope with unfamiliar diseases; help to provide much-needed medical services to people in underdeveloped areas of the world; and contribute to international understanding and good will.

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Students who are interested in Fellowships should apply through the deans of their schools.

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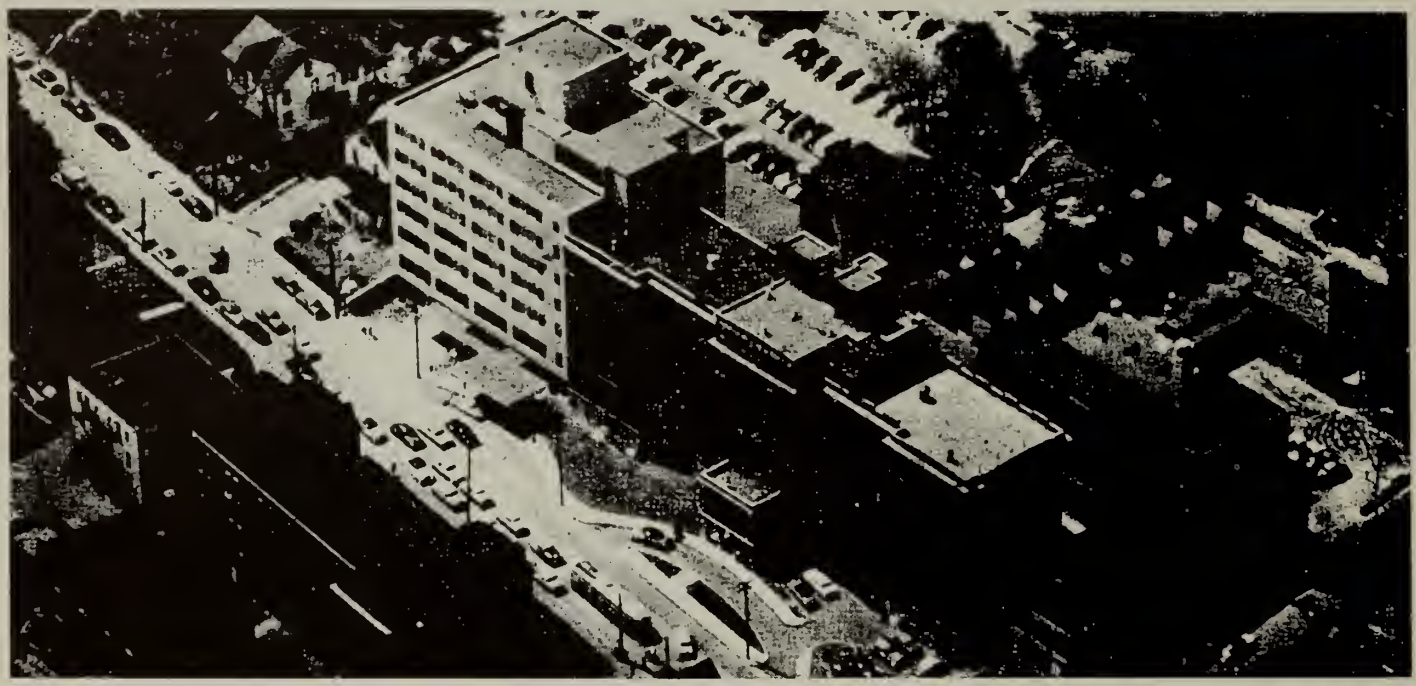

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Didactic instruction is provided by regularly scheduled conferences in Radiology, General Staff, Clinical Pathology, Surgery, Medicine, Obstetrics and Gynecology. All of the conferences are on a seminar basis so that the intern soon becomes an integral part of the teaching program as well as a member of the health team contributing to the complex matrix of medical care rendered by the total hospital organization. In addition to these conferences, a graduate Education Institute is conducted by prominent men in the field of medicine from University Faculties.

CLINICAL MATERIAL

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FACILITIES

The monthly stipend for interns is $300 plus maintenance and uniforms. Living quarters for single interns are provided at the hospital as well as bachelor apartments. Apartments are provided married house staff members.

APPROVED RESIDENCIES

Anesthesiology, Pathology and Surgical Residency appointments are made from the Intern Staff at Memorial Hospital and other approved hospitals.

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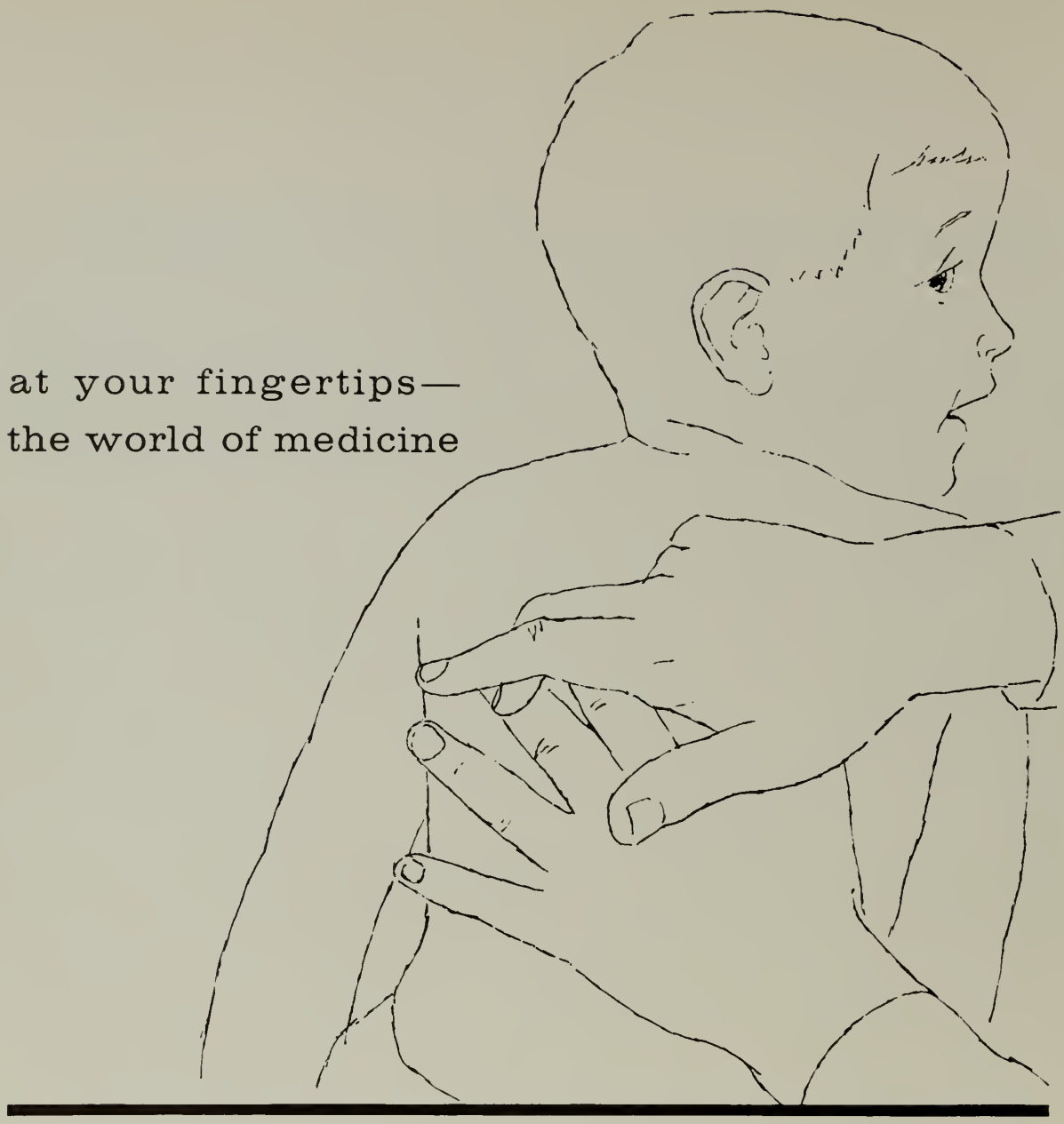

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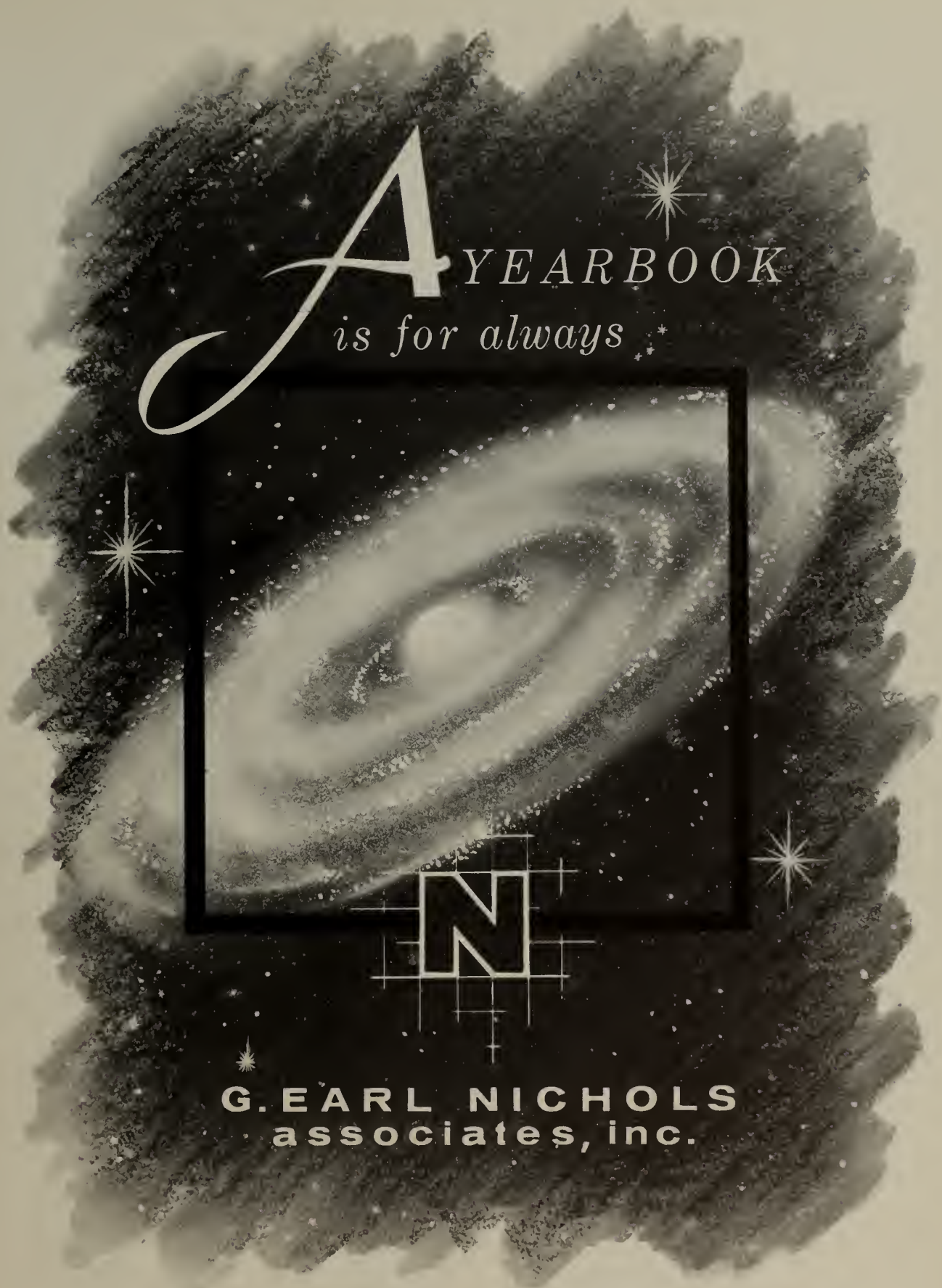

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